



**VCARS Volunteer Application Form**  
Thunder Bay and Area Victim Services - VCARS  
1200 Balmoral Street, Thunder Bay, ON P7B 5Z5

**General Information**

First Name:	Last Name:
Address & Postal Code:	Email:
Phone # where we can best contact you:	Alternate Phone #:
How did you hear about VCARS?	
Applying for Direct Service Volunteer _____ Applying for Dispatch Volunteer _____ Outline why you are interested in volunteering with VCARS.	

**Background Information**

<i>Include all skills, experiences and interests related to victimization, justice issues and crisis intervention.</i>
Education:
Employment:
Volunteer Experience and/or Community Involvement:

Related Skills (*i.e. Languages, Sign Language, etc.*):

<p>Do any of the following apply to you?</p> <p><input type="checkbox"/> Issues before the courts?</p> <p><input type="checkbox"/> In current counselling?</p> <p><input type="checkbox"/> Have a recent Enhanced Criminal Records and Sexual Offence Registry Check within past 3 months?</p> <p><input type="checkbox"/> Have a valid Driver's License?</p> <p><input type="checkbox"/> Have a use of a reliable insured vehicle?</p>	<p><input type="checkbox"/> Experienced Trauma within the past twelve months?</p> <p><input type="checkbox"/> Issues that may conflict with providing <i>Victim</i> centered support?</p> <p><input type="checkbox"/> Thrive in a team inspired environment?</p>
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**Availability**

VCARS is a 24/7 on-call service. When are you available to volunteer? Indicate all that apply.

**Days**    
  **Evenings**    
  **Nights**    
  **Weekdays**    
  **Weekends**    
  **Any Time**

**References**

List three references you authorize Thunder Bay and Area Victim Services to contact for the purpose of obtaining reference information in connection with your application for the volunteer position that you are applying.

Name	Organization	Position Title	Contact Phone #

**Verification Statement**

I certify that all information included in this application form is true and complete. I understand that providing false information is grounds for immediate disqualification or dismissal.

I authorize Thunder Bay and Area Victim Services to request a reference from the three above listed references in connection with my application to become a VCARS volunteer.

I understand that the Police Services will have the final authority in providing or disallowing this application. The method of arriving at such a decision is not subject to disclosure and I will bear no grievance against the Police Services and/or Thunder Bay and Area Victim Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

E-mail completed form to: [tbavs@tbaytel.net](mailto:tbavs@tbaytel.net) or  
Fax to: 807-625-6502 Attn: VCARS or  
Mail to: Thunder Bay and Area Victim Services - VCARS  
1200 Balmoral Street, Thunder Bay, ON P7B 5Z5

**Thank you for your interest in Volunteering for Victims!**