



**VICTIM ASSISTANCE SERVICES OF OTTAWA-CARLETON
Volunteer Application**

Part A – GENERAL INFORMATION	
Surname:	Given Name:
Home Phone Number:	Birth Date: ____ / ____ / ____ dd mm yy
Fax Number:	Work Phone Number: Is it convenient to contact you at work?
Address:	E-mail address:
How did you find out about VASOC? _____ _____ _____ _____	
Part B – BACKGROUND INFORMATION	
Education (Include highest grade completed, post secondary degrees, relevant courses/training): _____ _____ _____ _____ _____ _____	
Employment (present position, related work experience): _____ _____ _____ _____ _____ _____	

Part B – BACKGROUND INFORMATION continued

Previous volunteer experience (extent of experience, skills acquired, impressions of work experience):

Other Community Involvement:

Part C – AVAILABILITY

VASOC is available 24-hours, seven days per week. When are you available to work?

Days <input type="checkbox"/>	Evenings <input type="checkbox"/>	Overnights <input type="checkbox"/>	Weekends <input type="checkbox"/>
Do you drive?	Do you have use of a car?	Driver's licence number:	How long can you realistically commit to the service?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Why do you want to volunteer for VASOC?

Part D – REFERENCES

Name: Address:	Relationship:	Telephone: Home: Work:
Name: Address:	Relationship:	Telephone: Home: Work:

In making this application, I give VASOC staff permission to contact those persons' named as my references, in order to ascertain my suitability as a volunteer.

Volunteer's Signature: _____ Date: _____

For Office use only

Date Received: ____ / ____ / ____ dd mm yy	Initials:	Reviewed by:
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