



Edmonton Police Service
VICTIM SERVICES UNIT
Volunteer Application / Pre-Screening Form

Application Received

YYYY / MM / DD

Thank you for considering a role with the Edmonton Police Service. Please submit this Application / Pre-Screening Form *along with two letters of reference* to your local divisional station. The information you provide on this form is used for security / pre-screening purposes. All information provided will be kept confidential and only viewed by those processing your application. See Page 3 for instructions on submitting your application.

Surname	First Name in Full	Middle Name in Full	Date of Birth YYYY / MM / DD	Gender <input type="checkbox"/> F <input type="checkbox"/> M
Maiden Name (if applicable)				
Home Address		City/Town	Postal Code	
Home Phone Number	Work Phone Number		Cellular Phone Number	
E-mail Address			Length of Residence in Edmonton	
Emergency Contact Person Name	Phone Number		Relationship	
Are You Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Company Name			
Position			Length of Employment	
Do You Have a Valid Operators License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Operators License Number		
Do You Have Use of a Vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, License Plate Number		
Educational History School / University			Grade	
Specialization (include copies of certification)				
Other Training				
What Languages Do You Speak?				
Other skills, knowledge or resources you feel may be useful in your work with the program:				

Have you ever applied for a position with or been a volunteer of the Edmonton Police Service?

Yes No If yes, when and where?

Have you previously volunteered with any other agency?

Yes No If yes, when and where?

Do you know any Members of the Edmonton Police Service or Victim Services Unit Volunteers?

Yes No If yes, please list names:

List current volunteer work or related experiences and any organizations, civic groups, etc. to which you belong:

Availability to Volunteer

Weekday Mornings, 0900 – Noon

Specify Preferred Day: Monday Tuesday Wednesday Thursday Friday

Weekday Mornings, 1300 – 1600

Specify Preferred Day: Monday Tuesday Wednesday Thursday Friday

Weekday Evenings, 1800 – 2130 (Evening teams rotate each weekday evening)

ADVISE YOUR REFERENCES THAT THEY WILL BE CONTACTED. DO NOT LIST FAMILY MEMBERS AS REFERENCES.

Name	Relationship	Home No.	Business No.	Cellular No.
Name	Relationship	Home No.	Business No.	Cellular No.
Name	Relationship	Home No.	Business No.	Cellular No.
Name	Relationship	Home No.	Business No.	Cellular No.

How did you find out about our Volunteer Program with Victim Services Unit? (check all that apply)

The Edmonton Journal

Other Agency

The Edmonton Sun

Edmonton Police Service

The Edmonton Examiner

RCMP

Through friends and family

Crown's Office

TV Ads (Access Television)

VSU Website

Recruitment Display

Other _____

Employer

The following factors need to be considered when applying for a volunteer position with the Victim Services Advocacy Program. Please answer *yes* or *no* to each question:

I am willing to sign a contract upon acceptance, which will outline the terms and conditions of my volunteer work with the Victim Services Unit. Yes No

I am willing to volunteer for one year. Yes No

Are you currently under a physicians care? Yes No

Have you been under a great deal of stress over the past year? Yes No

Are you currently seeking mental health care? Yes No

Have you experienced a traumatic event over the past year?
If yes, what was the nature of the event? Yes No

Have You Ever Been:

Apprehended and/or detained by police?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Arrested?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subject of or questioned regarding a police investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Charged with a Criminal Offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Suspect of or accused in a police investigation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Convicted of a Criminal Offence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Given an Official Warning or caution?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Granted a Pardon or Records Suspension?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Placed in the Alternative Measures / Adult Diversion Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you presently have any matters before the courts?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I acknowledge the above disclosures to be true and that failure to disclose may result in being rejected of or terminated from the volunteer programs of the Edmonton Police Service.

Signature of Applicant

Date

I certify that the statements provided by me are true and accurate to the best of my knowledge. I understand that any falsification on this application could / will result in me not being considered for a volunteer position with the Victim Services Unit.

I, _____, give permission to the Office of the Chief of Police to obtain all information necessary to qualify me as a volunteer of the Victim Services Advocate Program.

PLEASE NOTE:

For security reasons, all Edmonton Police Service volunteers are required to undergo an extensive criminal background check. Should your application proceed, you will be required to provide information about immediate family members and those residing with you who are twelve (12) years of age and older.

I acknowledge that any false information given on the application will be grounds for denial of acceptance or immediate dismissal.

Signature

Date (YYYY / MM / DD)

To submit your application:

Call the divisional office closest to your residence to arrange to drop off your completed application.

Contact information for the Divisional Offices:

Downtown Division 780-421-2761
9620 – 103A Avenue, Edmonton, AB T5H 0H7

North Division 780-426-8163
14203 – 50 Street, Edmonton, AB T5A 5H6

Southeast Division 780-426-8263
104 Youville Drive, Edmonton, AB T6L 7H6

Southwest Division 780-426-8363
Advocates for Southwest Division are presently being trained in Southeast Division and the Today Centre.

West Division 780-426-8063
16505 – 100 Avenue, Edmonton, AB T5P 4X9