



ENVISION COUNSELLING AND SUPPORT CENTRE

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VOLUNTEER APPLICATION

DATE: _____

FULL NAME: _____
LAST FIRST MIDDLE

MAIDEN NAME: _____

ADDRESS: _____

E-MAIL: _____

POSTAL CODE: _____

TELEPHONE: RESIDENCE: _____ BUSINESS: _____

DATE OF BIRTH: _____ SEX: _____
DAY/ MONTH/ YEAR

DO YOU HAVE ACCESS TO A CAR? _____ VALID DRIVER'S LICENSE? _____

DO YOU HAVE A CRIMINAL RECORD FROM WHICH YOU HAVE NOT BEEN PARDONED?
YES _____ NO _____

EDUCATION AND RELATED TRAINING:

HIGHEST SCHOOL GRADE: _____ UNIVERSITY/COLLEGE: _____
OTHER: _____

EMPLOYMENT:

OCCUPATION: _____ PLACE OF EMPLOYMENT: _____

PREVIOUS WORK EXPERIENCE:

DO YOU HAVE ANY PREVIOUS VOLUNTEER EXPERIENCE? YES ____ NO ____

IF YES, PLEASE LIST:

1. _____
2. _____
3. _____
4. _____

DO YOU SPEAK, READ OR WRITE ANY LANGUAGE OTHER THAN ENGLISH?

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH ENVISION AT THIS TIME?

VALUES AND ATTITUDES:

DO YOU HAVE ANY PERSONAL OR PROFESSIONAL EXPERIENCE IN THE AREA OF FAMILY VIOLENCE? YES ____ NO ____

If yes, please explain in what way:

ARE THERE ANY TOPICS THAT MIGHT BE DIFFICULT FOR YOU DEAL WITH?
(SEXUALITY, BI-SEXUALITY, HOMOSEXUALITY, MASTURBATION, ABORTION, SUICIDE, OFFENDERS, PEOPLE YOU KNOW)

DO YOU BELONG TO A RELIGIOUS, POLITICAL, OR PHILISOPHICAL ORGANIZATION, OR HOLD CERTAIN BELIEFS THAT WOULD AFFECT OR INFLUENCE YOUR DIRECT SERVICE TO SURVIVORS?

HOW DID YOU HEAR ABOUT THIS VOLUNTEER PROGRAM?

WHEN WOULD YOU BE AVAILABLE FOR AN INTERVIEW? (DAY/EVENING/WEEKEND)

WHAT TIMES ARE BEST FOR TRAINING? (DAY/EVENING/WEEKEND)

WHAT COMMITMENT ARE YOU WILLING TO GIVE AS A VOLUNTEER?

WEEKENDS: YES__ NO__ WEEKDAYS: YES__ NO__ EVENINGS: YES __ NO __

REFERENCES

PROFESSIONAL

NAME: _____ POSITION: _____

ADDRESS: _____

PHONE: _____

PERSONAL

NAME: _____ POSITION: _____

ADDRESS: _____

PHONE: _____

PLEASE FEEL FREE TO ADD ANY OTHER COMMENTS OR INFORMATION:

ALL THE INFORMATION GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE.

PRINT: _____ DATE: _____

SIGNATURE: _____