



VOLUNTEER APPLICATION

1. First Name: _____ Last Name: _____

2. Date of Birth: _____

3. Address: _____ Postal Code: _____

4. Phone # Home: _____ Cell: _____ Work: _____

5. E-Mail address: _____

6. Driver's License YES NO Do you have access to a vehicle YES NO

7. How long have you been a resident in the Bonnyville area? _____

8. Are you currently employed? YES NO Employer: _____

Position: _____ Hrs. of Work: _____

9. Spouse or Partner's full name: _____

10. Place of employment: _____ Position: _____

11. Full Names of any children residing with you:

_____	_____
_____	_____
_____	_____

12. Educational Background:

High School: _____ Grade completed: _____

Post-Secondary Education: _____

13. Languages Spoken: _____

14. Please list special courses, training, special skills that might enhance your volunteer experience:

15. List any Organizations or Groups you currently belong to:

16. Have you ever volunteered for a Police based Victim Program? _____

17. What interests you about volunteering for Victim Services?

18. Have you ever been terminated/asked to resign from a Volunteer program?

19. Please list any physical limitations, which might affect your ability to provide service to clients?

20. What aspect of volunteering with Victim Services is the most interesting to you?

21. An RCMP Enhanced Security Clearance is required to volunteer with Victim Services. Are you aware of any reason that might prevent you from obtaining this Security Clearance?

22. Volunteers are expected to fill a minimum of 4 monthly shifts on call evenings, weekends and holidays. Would this be a problem for you? (Re: child care, shift work, etc.)

23. Please list one personal and one business, education, or volunteer related reference and attach one letter of reference from each, in regards to your ability to handle confidential information and to your social nature.

Personal:

Other:

Name: _____

Name: _____

Phone #: _____

Phone #: _____

Address: _____

Address: _____

Relation: _____

Relation: _____

*If you have any questions, do not hesitate to contact the office: 780-343-7255



Bonnyville Victim Services Society

CONFIDENTIALITY AGREEMENT

I hereby affirm that my position as a Volunteer Advocate with the Bonnyville Victim Services Unit is of a confidential nature. I understand that no document is to be copied and/or removed from the RCMP Detachment, Court House etc. without the expressed permission of the Program Coordinator. Further, I agree that any knowledge or my presence within the Detachment is, and will remain, confidential. I will exercise due care that the information I provide to others is the information that they are entitled to receive. If I question the entitlement of particular information to specific individuals, I will refrain from providing the information until clarification is obtained from the Coordinator.

I will not discuss specific facts and/or personal data concerning victims I serve with members of the media and private citizens or other victims or witnesses. I will not discuss my services with any member of the media without prior approval of the Coordinator. If I want to write about my experiences with the program, I will seek permission of the Bonnyville RCMP Detachment, through the Coordinator.

I understand that I cannot promise complete confidentiality to any victim to whom I provide service, in that, under the rule of evidence, I may be subpoenaed to appear in Court and give testimony, and/or be required to supply information to the RCMP for investigational purposes.

I have read the above Affirmation of Confidentiality and affirm that I will abide by it.

Signature of Volunteer Advocate

Date

Signature of Victim Services Staff

Date



Bonnyville Victim Services

CODE OF ETHICS & PROFESSIONAL CONDUCT

As a volunteer with the Bonnyville Victim Services Unit, I agree with the following statements and affirm that I will adhere to this Code at all times.

1. I believe in the dignity of the individual and the individual's right to make personal choices.
2. I will not discriminate because of race, color, religion, age, gender, national ancestry, sexual orientation or disability with any client I serve.
3. I understand the confidential nature of the work I do with Victim Services and agree to maintain the strictest confidentiality. I understand that I may never promise a client complete confidentiality if I learn of information leading to personal harm to the client or others, or if I learn of child protection issues that must be reported. I understand that if I breach confidentiality, I will be immediately released from the program and may be charged by the RCMP under the official Secrets Act or the Privacy Act of Canada.
4. I agree to abide by all written policies and procedures of the Bonnyville Victim Service Society.
5. I understand that my personal opinions are not necessarily those of the Association or of other advocates. I will clearly distinguish my views from positions adopted by the Association. I will not speak for the Association when interacting with staff, the public, the media or other entities. I will not publicly divulge, or make comment on staff performance, Board of Directors decisions or RCMP actions.
6. I will deal with outside entities or individuals, clients, staff and with fellow advocates in a professional and ethical manner while maintaining straightforward communication.
7. I will not use my position with the Association to secure gifts, monetary rewards or special privileges or advantages.
8. I will report, to the Coordinator, the conduct of any colleague that constitutes mistreatment of a client or that may bring the Association into dispute.
9. I will report, to the Coordinator, any conflict of interest that prevents myself or a colleague from being able to provide competent services to a client or to work cooperatively with colleagues or to be impartial to the treatment of a client.
10. I will not represent myself as an advocate of Victim Services if I have not been specifically assigned to a file. When working with a client, I will represent myself as an

advocate of Bonnyville Victim Services and not as a police officer or as a therapist or counselor. I agree that my identification will only be used when I am acting in capacity as an advocate and that I will return all identification to the Program upon resignation or termination.

11. I will only represent the Bonnyville Victim Services Association at meetings, in public or the media, only with prior consent from the Coordinator.
12. I accept that the acceptance or rejection of services is totally at the discretion of each client.
13. I agree to provide services to all clients unless the offering of such services compromises my integrity, wellbeing or safety.
14. I will respect the judicial process and will not criticize the process with the clients that I serve.

Signature of Volunteer Advocate

Signature of Victim Services Staff

Date