



Central Alberta Victim & Witness Support Society  
 P.O. Box 1780, 4405 South Street  
 Blackfalds RCMP Detachment T0M 0J0  
 Office 403-885-3355  
 Fax: 403-885-4720  
[www.victimsupport.ca](http://www.victimsupport.ca)

Application Received:
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### BOARD MEMBER APPLICATION FORM

Thank you for your interest in becoming a Volunteer Board Member with Central Alberta Victim & Witness Support Society. Forms can be delivered in person, by mail, or fax.

Surname	First Name	Middle Name(s)	Date of Birth	Gender
			yyyy/mm/dd	<input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address		City/Town	Postal Code	
Home Phone Number		Work Phone Number	Cell Phone Number	
Email Address				
Emergency Contact Person Name		Phone Number	Relationship	
Educational History		Specialization	Highest Level Completed	
School/College/University/Other (please specify)				
Do you have skills/experience with Fundraising, Corporate Sponsorship, etc?				
List other skills, knowledge or resources you feel may be useful in your work with this program.				
Are you currently volunteering with another organization? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Organization Name				
Time Commitment Involved				
What do you hope to contribute to the CAVWSS Board?				

Why do you want to become a Board Member for Victim Services?
A Primary Security Clearance screening is required. Do you know any reason why you would not have an acceptable screening? <input type="checkbox"/> Yes <input type="checkbox"/> No

**References (Do not list relatives as references)**

Name	Relationship	Phone Number	Alternate Phone Number
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***I certify that the statements provided by me are true and accurate to the best of my knowledge.***

I, \_\_\_\_\_, give permission to Blackfalds RCMP to obtain all information necessary to qualify me as a Board Member for Victim Services.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please submit your completed application to:

Attention: Gloria Derksen  
Central Alberta Victim & Witness Support Society

By mail: P.O. Box 1780  
Blackfalds, AB T0M 0J0

By email: [Gloria.derksen@rcmp-grc.gc.ca](mailto:Gloria.derksen@rcmp-grc.gc.ca)

By Fax: 403-885-4720

Or in person to the Blackfalds RCMP Detachment, 4405 South Street, Blackfalds

Only those selected for an interview will be contacted.