



Native Women's Association of the NWT
 4902-50th Avenue, 2nd Floor
 PO Box 2321
 Yellowknife, NT X1A 2P7
 Phone: 1-867-873-5509/Fax: 1-867-669-0194



VOLUNTEER APPLICATION

CONFIDENTIAL

Name: _____ **Date of Birth: (D)** ____ **(M)** ____ **(Y)** _____

Address: _____

E-mail Address: _____

Daytime Phone #: _____ **Evening Phone #** _____

Language Spoken: **English** ____ **Aboriginal** ____ **(If so, please specify)** _____

French: ____ **Other** ____ **(If so, Please specify)** _____

***Please attach resume**

Have you worked previously as a volunteer? If so, what organizations, and what kind of work did you do?

Why, at this particular time in your life, have you chosen to volunteer with Victim Services?

What life experiences have you had that might be useful to you in working with Victim Services?

What would you say are your strengths? What are your weaknesses?

What do you hope to gain from being a volunteer with Victim Services?

What clubs, organizations, or associations are you involved with?

Have you previously received any training or had any experience providing emotional support or crisis intervention? If so, what training and experience?

Victim Services provides 24-hour /7 days per week assistance to victims. Are you willing to be on-call in the evenings and weekends for one week every month or so?

Yes _____ No _____

Please let us know which shifts you prefer to work

Days _____ Nights _____ Weekends _____ Anytime _____

Where did you hear about Yellowknife Victim Services?
