



VOLUNTEER APPLICATION – OFFICE

Women's Sexual Assault Centre
#511-620 View St., Victoria, BC V8W 1J6

Phone: 250-383-5545 ext. 163

Contact: Quetzo J. Herejk, Coordinator of Volunteers

Fax: 250-383-6112 E-Mail: volunteer@vwsac.com

All replies will be kept confidential.

Name: _____ Phone: (home) _____

Address: _____ (work) _____
_____ May we phone you at work? yes no

E-mail: _____

Are you over 19? yes no If not, when will you be? _____

1. How did you learn about the Women's Sexual Assault Centre?

2. What relevant jobs/training/volunteer experience have you had? (Please attach resume.)

3. Why, at this particular time in your life, have you chosen to volunteer, and what do you hope to gain from the experience?

4. Have you ever used any of the Women's Sexual Assault Centre services? yes no

5. What kind of a commitment would you be willing to make? (i.e. 4-hour shift once each week for six months.)

6. Any other information you would like to provide? (e.g. personal philosophy, etc.)

turn over >

Date: _____ Signature: _____

After your application has been received, you will be contacted for a follow-up. Please provide reference information on the back of this form.

Reference Information

Please provide the names and contact information for two work/volunteer references and one personal reference.

1. Name: _____

Phone: _____

E-Mail (if available): _____

Relationship to you: _____

2. Name: _____

Phone: _____

E-Mail (if available): _____

Relationship to you: _____

3. Name: _____

Phone: _____

E-Mail (if available): _____

Relationship to you: _____