



**Women's Sexual
Assault Centre**
healing, education & prevention

VOLUNTEER APPLICATION – OFFICE

Women's Sexual Assault Centre
941 Pandora Ave, Victoria, BC V8V 3P4
Phone: 383-5545 Contact: Lindsay Pomper, Coordinator of Volunteers
Fax: 383-6112 E-Mail: volunteers@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 19 or over? *yes* *no* If not, when will you be 19? _____

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 a week for six months.)

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

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: _____