Ottawa Victim Services - Volunteer Application

VCARS - Victim Crisis and Referral Services Program

Please attach a copy of your resume to complete the application and email it to the VCARS coordinator at vcars@ovs-svo.com.

PART A: GENERAL INFORMATION	
Surname:	Given Name:
Phone numbers:	
Home:	
Cell:	
Work:	
Address:	
What part of the city do you live in? Ea	ast □ West □ Central □ South □
Email address:	
A 11 1 1111 (O) (O ff : O.4 l	
Availability: (OVS offers service 24 hou	,
Weekdays Evenings	Weekends□
De add OVer No De a le	
Do you drive? Yes \square No \square Do you have	/e access to a car? Yes □ No □
Con view committee at least one view	forming Voc. No.
Can you commit to at least one year of service? Yes □ No □	
PART B: BACKGROUND INFORMATION	
How did you find out about Ottawa Victim Services?	
now ald you find out about Ottawa vic	Juli Services?
Why do you want to volunteer at Ottav	wa Victim Sarvicas?
willy do you want to volunteer at Ottav	va victiiii Seivices:
Two letters of reference must be brough	ght to the interview.