SUDBURY & AREA VICTIM SERVICES
(SAVS)

VOLUNTEER APPLICATION PACKAGE

Enclosed in this package you will find the following items:

1. A Volunteer Application form
2. A Personal Information Release
3. A Form 1- Consent Criminal Record Check for a Sexual Offence
4. A Waiver for the Collection of Personal Information
5. A Position Description outlining the roles and responsibilities of a SAVS Volunteer
6. A Training Overview

Please read and complete each form and return the application, the Personal Information Release and Waiver forms to our office by mail or in person at your earliest convenience.

You may want to let the references know that you are using their name and they will be contacted by our office.

We will contact you to arrange an interview and let you know about our next training session.

If you have any questions, please contact the office and we will be glad to help you.

Thank you for your interest in the Sudbury and Area Victim Services

Sudbury and Area Victim Services
Telephone: 705-522-6970
Fax: 705-522-0169
Email: vcarssudbury@bellnet.ca
Website: www.victimservicesontario.ca
# SUDBURY & AREA
## VICTIM CRISIS SERVICES (SAVS)
### VOLUNTEER APPLICATION

## Part A – General Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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<tbody>
<tr>
<td>Surname:</td>
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<td>Maiden Name:</td>
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<td>Given Names:</td>
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<tr>
<td>Residence Phone:</td>
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<td>Business Phone:</td>
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<td>Email:</td>
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<td>Fax:</td>
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<tr>
<td>Address &amp; Postal Code:</td>
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<td>Date of Birth:</td>
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<td>Languages Spoken:</td>
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<td>Emergency Contact (name) and Phone Number:</td>
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<tr>
<td>Is it convenient to contact you at work?</td>
<td>Yes</td>
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</table>

How did you hear about SAVS? ____________________________________________
________________________________________________________________________

## Part – B Background Information

**Education**
- [ ] High School
- [ ] College
- [ ] University
- [ ] Other Post Secondary

Relevant Courses or Training: ____________________________________________
________________________________________________________________________
________________________________________________________________________

Employment (present position, related work experience):
________________________________________________________________________
________________________________________________________________________

Previous Volunteer Experience (extent of experience, skills acquired):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Community Involvement:
________________________________________________________________________
________________________________________________________________________

Recreation/Hobbies:
________________________________________________________________________
________________________________________________________________________
**Part C – Availability**
SAVS is a 24-hour, 7 day-a-week, on-call service. When are you available to volunteer?

<table>
<thead>
<tr>
<th>Do you drive?</th>
<th>License Plate no:</th>
<th>Do you have access to a vehicle?</th>
</tr>
</thead>
</table>
| O Yes         |                  | O Yes]
| O No          |                  | O No |

Can you commit to Volunteer for a minimum of one year? O Yes O No

Why have you chosen to apply to volunteer for SAVS? ________________________________
________________________________________________________________________
________________________________________________________________________

**Part D- References**
(Other than family members, e.g.: present employer or supervisor, clergy, teachers, etc)

<table>
<thead>
<tr>
<th>1. Name:</th>
<th>Relationship:</th>
<th>Contact Telephone #:</th>
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<tr>
<th>Street Address:</th>
<th>City:</th>
<th>Postal Code:</th>
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<table>
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<tr>
<th>2. Name:</th>
<th>Relationship:</th>
<th>Contact Telephone #:</th>
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In making this application, I give permission to SAVS staff to contact those people named as my references, in order to determine my suitability as a volunteer.

Volunteer’s signature: ___________________________ Date: ______________

Please return this completed application along with a completed Release of Police Record Check, GSPS Personal Information Release, Form 1 and the Waiver for the Collection of Personal Information to:

Sudbury and Area Victim Services

**By Mail or In Person:**

190 Brady St.
1st Floor
Sudbury, On
P3E 1C7
<table>
<thead>
<tr>
<th>Surname (Please print)</th>
<th>First Name and Initials</th>
<th>Maiden Name if Applicable</th>
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<tr>
<td>Street Address</td>
<td>Apt. No.</td>
<td>City</td>
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</tr>
<tr>
<td>Postal Code</td>
<td>Telephone - Home</td>
<td>Telephone - Work</td>
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<tr>
<td>Date of Birth</td>
<td>Gender</td>
<td>Drivers License Number</td>
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<tr>
<td>D</td>
<td>M</td>
<td>Y</td>
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</table>

I __________________________________________ authorize the Greater Sudbury Police Service to collect personal information concerning myself including police history and police contact information from sources other than myself. This information is to be used for the purpose of assessing my suitability for placement with the Greater Sudbury Police Service. I further authorize the release of this information to the Greater Sudbury Police Service by the person(s) or organization(s) who possess it.

________________________________________
Signature of Applicant

<table>
<thead>
<tr>
<th>Member Requesting Security Clearance</th>
<th>Empl. Number</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Purpose for Security Clearance</th>
<th>Date Required For</th>
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<table>
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<tr>
<th>Supervisor’s Signature</th>
<th>Date</th>
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**FOR OFFICE USE ONLY**

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<th>CHECKS</th>
<th>Negative or Attached</th>
<th>Name &amp; Empl. #</th>
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<td>CPIC</td>
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<td>OMPPAC</td>
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<td>ARCHIVED</td>
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<tr>
<td>MTO</td>
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</table>

DATE COMPLETED: ___________________________

The personal information listed above is being collected under the authority of the Police Services and the Municipal Freedom of Information and Protection of Privacy Act.
Form 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

(This form is to be used by a person applying for a position or organization responsible for the well being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned)

Identification of the Applicant

Full name: __________________________________________
Sex: ☐ m ☐ f
Date of Birth: __________________________
Place of Birth: __________________________
Address: __________________________________________

Previous address (if any) within the last 5 years:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Reason for consent:

I am applying for a paid position or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position: ______________________________________

The name of the person or organization: ______________________________________

Provide details regarding the children or vulnerable persons: __________________________
____________________________________________________________________________
____________________________________________________________________________

Consent:

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

________________________________________ ______________________________
Signature Date
WAIVER FOR THE COLLECTION OF PERSONAL INFORMATION

SUDBURY AND AREA VICTIM SERVICES

I________________________, authorize Sudbury and Area Victim Services to collect personal information concerning myself. This information may include employment history, personal or character references, criminal record and police reports.

I further authorize any persons, agencies or organizations to release this information to Sudbury and Area Victim Services.

This information will only be used for assessing suitability for a volunteer position with Sudbury and Area Victim Services.

Signed: __________________________       Date: ____________________

Witness: __________________________       Date: ____________________
Sudbury Victim Services has certain expectations and requirements of its volunteers as mandated by the Ministry of the Attorney General. Before applying, please take a minute to review them carefully.

**The position requires people who are:**

- mature and responsible;
- non-judgmental;
- good at communicating with others;
- able to deal with crisis situations;
- personally suited to provide sensitive, emotionally safe and effective service to victims on behalf of SAVS;
- willing to submit personal references, Police Record Checks and attend an interview with Sudbury and Area Victim Services staff and delegates;
- knowledgeable of community resources;
- able to commit for a minimum of one year;
- willing to complete 40 hours of initial training and thereafter attend monthly meetings and training sessions;
- able to provide their own transportation.

**As a volunteer you will:**

- help SAVS provide 24 hrs/7 days a week service to victims;
- commit to a minimum of four 12 hour shifts per month;
- respond immediately to requests for assistance from police by attending on-site or at an alternative safe location. On occasion, crisis assistance may be done by telephone;
- provide emotional support and companionship to victims, including answering questions and providing information that will help lessen the impact of the crisis for the victim;
• provide practical assistance which may include transporting and accompanying the victim to emergency services, (e.g. to a shelter or hospital) making phone calls on their behalf or help making arrangements for other needs, as required, (i.e. helping to secure or cleaning up premises, etc.);
• identify longer term needs by responding to victim’s concerns and supply the victim with appropriate options and referrals to services in the community that will assist them in accessing resources for further assistance;
• report all activities to the SAVS coordinator or designate upon completion of call;
• complete client contact form and submit it to the office within the next business day;
• participate in evaluation of the call and provide relevant information to the SAVS Executive Director or designate for client follow-up.

**Other duties and responsibilities of the SAVS Volunteer include:**

• participating in monthly training meetings and any other volunteer training events as scheduled;
• reporting to the Victim Services Executive Director if a call or assignment is particularly difficult for the attending volunteer. Individual attention or debriefing will be available to assist the volunteer in coping;
• bringing to the Victim Services Executive Director’s attention any inappropriate volunteer behavior or victim’s complaints that could negatively affect the program;
• ensuring pagers, phones and/or other equipment are in good working order;
• completing expense statements for mileage and out-of-pocket expenses.
Crisis Management

Victims are in a position where they have to deal with a totally unexpected, arbitrary event which has profoundly affected them physically, emotionally, and/or financially. They are often rapidly placed into interactions with people with whom they are not familiar, such as police or other emergency service workers. Any person, whatever their coping skills and strengths in “normal” situations, can be immobilized by victimization. Assistance that provides emotional support, practical help, information, and referral in a dignified and non-intrusive manner can help restore a sense of control to the victim.

Communication Skills

Effective communication skills will improve your ability to assist victims as you fulfill your duties as a victim crisis responder. In crisis situations involving people who are generally strangers, it is imperative that we know the barriers which may derail effective communications, and know how to successfully overcome them.

Principles and Ethics of Helping

The standard guidelines that will guide volunteer interaction with victims which includes but is not limited to such principles as: Confidentiality and Consent.

Sexual Assault

The information presented is geared to the crisis role and mandate of the victim crisis responder. This segment will assist you to understand more fully the dynamics of sexual assault.

Domestic Violence and Elder Abuse

The goal of these segments are to achieve an understanding of the cycle of violence, understand the dynamics and learn how to effectively assist victims of these types of crimes.
Death Notification and Bereavement

In this unit we will be looking at survivor’s needs and intervention strategies following bereavement through homicide, suicide, motor vehicle or other accidental deaths such as drowning, and natural deaths in homes where police are in attendance.

Suicide

This segment discusses the signs indicating a person is contemplating suicide. The SAVS model is very specific around the primary responsibility of a SAVS Team Member who encounters a suicidal person.

Property Crime

Property related crimes occur much more frequently than crimes of violence. This unit discusses the needs of victims following a variety of offences which include breaking and entering, theft, armed robbery, vandalism and mischief.

Self Care

A SAVS Team Member could potentially be exposed to very traumatic situations. This segment talks about self-care and the special services that SAVS have in place for their members.