

Victim Services

SASKATOON POLICE SERVICE

Support Worker Application

VOLUNTEERS WANTED

Qualifications:

- 19 years of age or older
- sensitive to the needs of victims
- ability to work in a diverse environment
- good communication skills
- possess a solid understanding and respect for Diversity
- provide support in a non-judgmental manner
- pass a police security clearance
- possess a valid Saskatchewan driver's license
- ability to maintain strict confidentiality

Duties:

- provide information, support and referral to victims of crime and traumatic events

Commitment:

- successfully complete basic training
- sign an Oath of Secrecy and Code of Ethics
- sign a one (1) year contract committing to four (4) hours per week
- participate in monthly ongoing training as offered
- maintain strict confidentiality
- maintain professionalism and integrity in the workplace

If you have any questions contact Victim Services at 306-975-8400.

Please submit the completed application to:

Mail: Saskatoon Police Service
Victim Services
Box 1728
Saskatoon, SK S7K 3R6

Drop off: Saskatoon Police Service (Victim Services)
76 25th Street East
Saskatoon, SK S7K 3P9

Email: victim.services@police.saskatoon.sk.ca

Personal Information – Please answer all questions completely and legibly.				
Last Name	First Name	Middle Name	Sex	Birthdate: YY/MM/DD
Address (Number, Street, City, Province, Postal Code)		Length of time at this address	Home phone number:	
			Other phone number(s):	
List all other names used since birth except the name given above (birth name, maiden name, etc.)				
Citizenship:		Were you ever convicted of a criminal offence for which you have not been pardoned? <input type="checkbox"/> No <input type="checkbox"/> Yes What year		
Email address(es):				
Name of spouse/cohabitant:			Birthdate: YY/MM/DD	
List all other names used since birth, except the name given above:				

Education/Training	
Elementary/High School	Grade achieved
Post-Secondary	Diploma/Degree
Other Education	
1.	
2.	
3.	

Volunteer Experience
Do you have any previous volunteer experience? <input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please list the agencies and duties of each below.
1.
2.
3.
4.
5.

Employment History

What is your current employment status: <input type="checkbox"/> employed <input type="checkbox"/> unemployed <input type="checkbox"/> retired <input type="checkbox"/> student <input type="checkbox"/> other	If you are currently employed, may we contact your employer for reference purposes? <input type="checkbox"/> yes <input type="checkbox"/> no Immediate supervisor's name:
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List records of employment beginning with the most recent/current employer, including self-employment (within the last 10 years.)

Employer:	Date Started:	Date Ended:
Address:	Phone number:	Position title:
Supervisor:	Duties:	
Reason for leaving:		
Employer:	Date Started:	Date Ended:
Address:	Phone number:	Position title:
Supervisor:	Duties:	
Reason for leaving:		
Employer:	Date Started:	Date Ended:
Address:	Phone number:	Position title:
Supervisor:	Duties:	
Reason for leaving:		

Driving Information

Do you hold a valid Saskatchewan driver's license? <input type="checkbox"/> yes <input type="checkbox"/> no	License Number:	Class:	Restrictions:
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Schedule

Please indicate which time schedule you would prefer: <input type="checkbox"/> evenings <input type="checkbox"/> mornings <input type="checkbox"/> afternoons	If flexible, please explain.
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References

List persons, preferable business or work associates, other than relatives.

Name	Address	Occupation	Telephone number(s)

Other Information

Discuss other skills, knowledge, resources or personal experience you feel may be useful in your work with the Victim Services Program.

Why do you wish to become a support worker with the Victim Services Program?

Medical Information

Do you have any medical or physical conditions that would interfere with your ability to perform support worker duties?
 yes no

If "yes" please explain:

In case of emergency, who may we contact? (Name, address and phone number)

Declaration

In completing this application I, _____, do hereby give the Saskatoon Police Service authority to contact all named references and to make the necessary security inquiries to ascertain my suitability as a support worker.

I understand any false information given in this application will be grounds for denial of acceptance or immediate dismissal.

Signature of Applicant

Date