



#2-1441 St. Paul St. Kelowna, V1Y 2E4

Ph: 250-763-1331 Fax: 250-763-1483

**COMMUNITY REINTEGRATION SERVICE (CRS) -
VOLUNTEER APPLICATION FORM**

Please complete this form and return to the John Howard Society Office

| | | | |
|--|----------|----------------|----------|
| Name: | | Daytime Phone: | |
| Address: | | Evening Phone: | |
| | | | |
| | | Email Address: | |
| Availability: | | | |
| Weekdays | Weekends | Daytime | Evenings |
| | | | |
| <p>Are you on a detainee's visiting list or do you personally know any incarcerated offenders or anyone under federal jurisdiction? Yes No</p> <p>If yes, please specify including the detainee's name:</p> | | | |
| | | | |
| <p>Have you been convicted of a criminal offence for which a pardon has not been granted? Yes No If, yes please state the offence and date:</p> | | | |
| | | | |
| <p>Have you any outstanding charges before the courts? Yes No</p> <p>If, yes please state the offence and date:</p> | | | |
| | | | |

What is your educational background?

What other qualifications, licenses, certificates, hobbies, languages or recreational interests do you have that you could utilize as a volunteer?

Why do you want to volunteer for the CRS Volunteer Program?

Please rank yourself from 1-10 (1=lowest score, 10=highest) on the following skills and/or characteristics:

| | | | |
|--|--|-----------------------------|--|
| Trustworthiness | | Flexibility | |
| Dependability | | Teachability | |
| Creativity | | Work ethic | |
| Listening Skills | | Handling conflict | |
| Keeping confidences | | Working as a team | |
| Managing stress | | Speaking in front of groups | |
| Working with people who are different than | | | |

Please list or date any previous and current volunteer experience:

| | Organization's Name | Your Role/ Activities | Date |
|----|---------------------|-----------------------|------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

| References (Not including family members) | | | |
|--|--|------------|--|
| 1. Name: | | Telephone: | |
| Address: | | | |
| Relationship to applicant and years known: | | | |
| | | | |
| 2. Name: | | Telephone: | |
| Address: | | | |
| Relationship to applicant and years known: | | | |
| | | | |
| 3. Name: | | Telephone: | |
| Address: | | | |
| Relationship to applicant and years known: | | | |

In making this application, I hereby give the John Howard Society authority to contact the persons' names as references and to make inquiries with the Police and other criminal justice officials as necessary to ascertain my suitability as a volunteer.

Signed: _____ **Date:** _____

Please ensure that you return your application package to JHS including:

- This completed application form;
- A copy of your resume;
- Copy of (preference) driver's license or other government photo ID;
- Completed Criminal Record Check Form. JHS will submit Record Check.

You will be contacted by the Program Coordinator to schedule an interview within two weeks after receiving the application package as described above.

"Remember the client"