

## Circles of Support and Accountability

### Volunteer Application Form

Name \*

Date of Birth \*

Primary Phone # \*

Alternative Phone #

Email Address \*

Home Address \*

How did you hear about CoSA? \*

What are your reasons for wanting to volunteer with CoSA? \*

**How long have you lived in your community? \***

**Do you plan on remaining in your community? \***

**What kind of work and volunteer experience do you have? \***

**What is your educational background? \***

**Do you speak any languages apart from English?**

**Do you drive? If yes, do you have regular access to a vehicle? \***

**Are you comfortable discussing experiences of victimization? \***

**All people deserve to be treated with respect and dignity,  
regardless of their criminal history. \***

1 2 3 4 5

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Strongly Disagree

Strongly Agree

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**A community is responsible to care for both its victims and its  
offenders. \***

1 2 3 4 5

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Strongly Disagree

Strongly Agree

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**Stable social supports are important for people to lead good,  
crime-free lives. \***

1 2 3 4 5

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Strongly Disagree

Strongly Agree

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**Are you able to commit to at least a 1 year term in a Circle? \***

**Are you willing to sign an agreement governing your participation in a Circle? \***

**Do you agree to a police information check? \***

**References (minimum three)\***

**Declaration \***

I hereby acknowledge that the information provided in this application form is correct to the best of my knowledge. I authorize any references listed in this form to give any information they may have regarding my character to CoSA staff. I release all such reference from liability for any damage that may result from furnishing such evaluation. I provide this information and consent with the understanding that the all information provided and gleaned from my references will be kept in strict confidence. Please indicate **YES** or **NO**.

***When completed, please scan and email to : [info@mrjc.ca](mailto:info@mrjc.ca)  
or fax to : 780.423.2467***