

**VICTIM ASSISTANCE UNIT
New Westminster Police Department**

Job Description

POSITION: Volunteer Caseworker

REPORTS TO: Manager, Victim Assistant Unit

PURPOSE OF POSITION: To provide emotional support, information, practical assistance and referral to community resources for all victims of crime and trauma.

Key responsibilities to victims:

To work under the supervision of the Program Manager to provide:

- Information on the file, including police and court procedures
- Completion of forms
- Emotional and practical support
- Referral to appropriate community services and resources
- Crime prevention information

Key responsibilities to the Program:

- Document all contact with victims
- Commit to the program for a minimum of one year
- Sign up for a **minimum** of two shifts per month (approx. 11 hours)
- Advise program staff, with as much notice as possible, if you will be absent for a shift
- Return phone calls, in a timely fashion, if you are requested to work an extra shift
- Read all memorandums in a timely fashion
- Complete and return all questionnaires in a timely fashion

Key responsibilities to skill development/training:

- Attend all training sessions for new volunteers
- Attend all compulsory advanced training sessions for volunteers
- Maintain good knowledge of all Policies and Procedures

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Requirements of Volunteer Caseworker

1. Must be at least 20 years of age.
2. Citizenship status – Canadian Citizen or Landed Immigrant
3. Ability to obtain and maintain departmental security clearance.
4. Valid BC Driver's License ("New Driver" status is not accepted) with safe driving record.
5. Personal Interview with program staff.
6. Security interview with a Police Member.
7. A genuine regard for victims of crime and a sincere interest in assisting them.
8. Above average interpersonal skills including:
 - Ability to relate effectively to a wide variety of people and situation
 - Ability to react appropriately in any socio-economic environment
 - Ability to be supportive but not intrusive.
 - Ability to use tact and good judgement
 - Ability to respect and maintain confidentiality
 - Ability to display professional behaviour
 - Ability to accept direction and supervision
 - Good communication skills (verbal and written), including empathic and listening skills
 - Ability to handle stress.
9. Personal maturity.
10. High moral and ethical standards.
11. Absence of rigid, inflexible opinions.
12. Prospective volunteers should have or be prepared to acquire through training sessions the following knowledge:
 - Issues regarding crime victims.
 - Community resources
 - Organizational structure of police department
 - Police department policies and procedures.
 - Victim Assistance Unit policies and procedures.
 - Mandate of law enforcement personnel.
 - Mandate of Victim Assistance Unit.
 - Crime prevention measures.

Note: Acceptance into the unit is conditional upon final security clearance which could take up to 6 months



**New Westminster Police Department Victim Assistance Unit
Volunteer Caseworker Application**

Current Contact Information

Date of Application YY/MM/DD _____

Full Name

FIRST

SECOND

LAST

Preferred Name _____

Previous Names (If Applicable) _____

Street Address _____

City _____

Postal Code _____

Home Phone _____

Work Phone /
Cell Phone _____

E-Mail Address _____

Date of Birth _____

Citizenship Canadian Landed Immigrant - Year of Immigration _____ Other
If Other please explain:

Previous Addresses (During the past 5 years)

Street Address	Town/City	Province	From	To
1.				
2.				
3.				
4.				
5.				

Please list the full names and birthdates (YY/MM/DD) of all people living at your residence

First Name	Last Name	Birthdate
1.		
2.		
3.		
4.		
5.		



Do you possess a valid BC Driver's License? Yes No

Drivers License Number: Class 5 Class 7 – New Driver Other

If you have a restriction on your license, what is the restriction?

EDUCATION

Grade Completed _____ College Year Completed University Year Completed Other Year Completed

If other, please explain:

ADDITIONAL LANGUAGES

Language	Fluency : Spoken	Fluency : Written
1.		
2.		
3.		

EMPLOYMENT

Are you currently employed? Yes No Hours of Work:

Name of Employer _____

Type of Employment _____

Duties Include _____

Can you be contacted at work? Yes No

Phone Number :

May your employer be contacted for a reference? Yes No

Phone Number :

SPECIAL SKILLS OR QUALIFICATIONS

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



PREVIOUS VOLUNTEER EXPERIENCE

Summarize your previous volunteer experience.

Have you ever applied to or volunteered with any other Police-based Victim Assistance Program? Yes No

If yes, please specify:

What attracts you to the position of Volunteer Caseworker with the Victim Assistance Unit?

How did you hear about volunteering with the New Westminster Police Victim Assistance Unit?

Local Paper Royal City Record Burnaby Leader Vancouver Westender
 Tri-City News Surrey Leader Queensborough Times

School SFU Douglas College BCIT University of Fraser Valley
 Kwantlen University College Other – Specify:

Internet Site NWPS Website Go Volunteer

Poster Canada Games Pool Royal Square Mall YMCA Coquitlam Rec Ctr
 North Surrey Community Ctr Other – Specify:

Other Co-worker Friend Current VAU Volunteer Police Member
 Other – Specify:

AVAILABILITY

During which hours are you available for volunteer assignments?

Early Shifts			Late Shifts
<input type="checkbox"/> Sunday 1745-2300	<input type="checkbox"/> Wednesday 1745-2300	<input type="checkbox"/> Friday 1745-2200	<input type="checkbox"/> Friday 2145-0200
<input type="checkbox"/> Monday 1745-2300	<input type="checkbox"/> Thursday 1745-2300	<input type="checkbox"/> Saturday 1745-2200	<input type="checkbox"/> Saturday 2145-0200
<input type="checkbox"/> Tuesday 1745-2300			

GENERAL INFORMATION

Please answer 'Yes' or 'No' to the following questions:

Are you willing to volunteer a minimum of two shifts per month (approx 11 hours), with a one-year commitment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to provide follow-up support to victims in person and via the telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you willing to perform simple office duties, such as photocopying or stamping brochures, while on shift if time permits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prepared to complete approximately 55 hours of orientation and to attend mandatory advance training as scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to work extra shifts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a victim of crime(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain the nature of the crime and when the crime(s) occurred:	
Have you ever been a witness to a crime(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain the nature of the crime(s) and when the crime(s) occurred:	
Have you ever been arrested, detained, questioned or driven home by police?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please explain the nature of the incident(s) and when the incident(s) occurred:	

REFERENCES

Please provide the full name, telephone number and relationship to you for **10 (TEN) references**, excluding family members. **5 Managers/Supervisors & 5 Friends**

Name	Telephone Number	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

AGREEMENT AND SIGNATURE

I hereby authorize the police to make such investigations as the deem necessary to determine approval or disapproval of the application. I further understand that the New Westminster Police Victim Assistance Unit will have the final say in the approval or rejection of this application, and whose decision or the criteria or method of arriving at such a decision, will not be questioned or objected to by me, and I will have no grievance against the New Westminster Police Department, the New Westminster Victim Assistance Association or the Victim assistance Program in this respect.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)

Signature

Date

OUR POLICY

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please enclose the following with your application:

- Completed Application Form
- Consent to Release of Personal and/or Private Information, Waiver and Release
- Query Information Form
- Consent for a Criminal Record - Consent for Check For Sexual Offence For Which a Pardon Has been Granted or Issued
- Resume / Curriculum Vitae (optional)

New Westminster Police Department Victim Assistance Unit volunteer application may be dropped off or faxed to the following address:

New Westminster Police Department
 Victim Assistance Unit
 555 Columbia Street
 New Westminster, BC V3L-1B2
 Phone: 604 529-2525
 Fax: 604 529-2478



NEW WESTMINSTER POLICE DEPARTMENT

555 Columbia Street, New Westminster, BC V3L 1B2
P: 604-525-5411 F: 604-529-2401 W: www.nwpolice.org

Consent to Release of Personal and/or Private Information, Waiver and Release

FULL NAME: _____

FORMERLY KNOWN AS: _____

DATE OF BIRTH: YY-MMM-DD _____

I, _____, having applied for a position with the New Westminster Police Department, and recognizing that I am required to supply information to be used to determine my qualifications, moral character, honesty and suitability for volunteering with the Department, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records and police, probation and parole reports.

I hereby authorize the New Westminster Police Department to make such investigations as they deem necessary to determine approval or disapproval of this application. I understand that the New Westminster Police Department will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision, will not be questioned or objected to by me and I will have no grievance against the New Westminster Police Department or the Corporation of the City of New Westminster in this regard.

I waive the right to read or review any information received by the New Westminster Police Department.

I release any individual, company, government agency, or public body and their representatives, agents and employees from any claim or action whatsoever which may result from furnishing the above information to the New Westminster Police Department.

A photocopy of this release is to be considered as valid as an original waiver even though it does not contain an original of my signature. This waiver is valid for a period of one year from the date of signature.

APPLICANT
SIGNATURE: _____

DATE: _____





NEW WESTMINSTER POLICE DEPARTMENT

555 Columbia Street, New Westminster, BC, V3L 1B2
 P: 604-525-5411 F: 604-529-2401 W: www.nwpolice.org

Query Information Form Victim Assistance Unit [VAU] Volunteer

TO BE COMPLETED BY THE APPLICANT:

TITLE: Mr. Mrs. Ms. Miss

SURNAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

OTHER NAME(S) APPLICANT
 MAY BE KNOWN BY:
 [FORMAL NAMES AND NICKNAMES]

DATE OF BIRTH: YY-MMM-DD _____

DRIVER'S LICENSE #: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR ADMINISTRATIVE USE ONLY RESULTS

CPIC

PRIME

LEIP

DRIVING

NOTES OF INTEREST

QUERIES RUN BY: _____

RESULTS REVIEWED BY: _____

DATE QUERIES RUN: _____

DATE REVIEWED: _____





Royal Canadian Mounted Police / Gendarmerie royale du Canada

Form 1

CRIMINAL RECORDS - CONSENT FOR 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 with a person 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			
Surname		Given Name(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mm-dd)	Place of Birth (city and province)	
Home Address		City	Province Postal Code
Previous addresses, if any, within the last 5 years			

Reason for the Consent	
I am an applicant for a paid 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 Volunteer Victim Assistance Caseworker	Name of the person or organization Manager, New Westminster Victim Assistance Unit with the New Westminster Police Department
Details regarding the children or vulnerable person(s)	

Consent	
<p>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 or issued a pardon for, any of the sexual offences that are listed in the schedule to the <i>Criminal Records Act</i>.</p> <p>I understand that, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule to the <i>Criminal Records Act</i> in respect of which a pardon was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, 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.</p>	
Contributing Agency	
Signature of Applicant	Date (yyyy-mm-dd)

Fingerprint: For card scan submissions only.



Finger: _____