



Temiskaming & District Victim Crisis Assistance & Referral Service

Welcome to Temiskaming and District VCARS!!!

After you have read about our program and wish to be considered as a volunteer, your next step is to fill out the documentation listed below and return it to us. You can either mail it back to us at the address below, fax it to one of the fax numbers listed below, or drop it off at your local Police Detachment. You may also keep the Information about our program. Please see the following enclosed:

- 1) Information about our Program**
- 2) Volunteer Application**
- 3) Consent to Disclose of Personal Information**

First, a police check (CPIC) needs to be done. Please note that two pieces of identification must be brought into your local police station. One piece of identification must have photo ID with your name, date of birth and current address on it (at no cost to you).

Once your police check is completed, your application is then processed. You will then be contacted to attend an interview that will be approximately 30-45 minutes. Once you are accepted as a potential volunteer, you will be contacted for our next training session, which is mandated through the MAG and covers topics such as: domestic violence, suicide and death notification, over the course of 40 hours.

Upon completion of your training and after you have sworn an oath or affirmation of confidentiality, you will then be part of a challenging and rewarding team as a VCARS Volunteer Crisis Responder!

If you have any questions regarding this information or wish further clarification, please do not hesitate in contacting me at (705) 647-0096.

Thank you for your interest in Temiskaming and District VCARS.

Sincerely,

A handwritten signature in black ink that reads 'Monique Chartrand'. The signature is written in a cursive, flowing style.

Monique Chartrand, Executive Director
Office: 705-647-0096
Cell: 705-648-1265
temvcars@ntl.sympatico.ca

Temiskaming Shores Business Office
P.O. Box 1312, 300 Armstrong St. N.
New Liskeard, Ontario P0J 1P0
(705) 647-0096

Temiskaming Shores Fax: (705) 647-5646
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Kirkland Lake Fax: (705) 568-2153



Temiskaming and District Victim Crisis Assistance and Referral Service (VCARS)

“AN OVERVIEW”

Temiskaming and District VCARS is a community-based service that assists police in providing short-term emotional support, practical assistance and referrals to victims of crime, tragic circumstance or disaster. Community volunteers provide for the victims immediate needs and supply referrals to existing community services if longer care is required.

Crisis Assistance is given by specially trained community volunteers who are on call (scheduled at their preference) to the OPP; 24 hours a day, seven days a week. The emergency departments of Temiskaming Hospital and Kirkland and District Hospital and local fire departments can also call out volunteers. On consent of the victim, the volunteers attend to render whatever emotional or practical help is needed. The volunteers can attend to calls involving; suicide, domestic assault, homicide, traffic accidents, robbery, sexual assault and fire.

In addition to emotional support, volunteers may provide transportation to emergency services, assist with clean up, make phone calls or help with other arrangements as requested. If the victim is identified as having longer-term needs, the volunteers will provide information and referral options for further assistance.

The objective of VCARS is to lessen the trauma of being victimized, help the victim cope with the impact of crime or tragic circumstance and encourage the victim to connect with other services that provide counseling, financial assistance, housing, compensation, and medical and legal services, as appropriate.

In assisting the police, it allows the police to be available sooner to attend to other crises and provides an opportunity for the community to become more involved in dealing with the effects of crime and in mobilizing crime prevention in their area.



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PART A: General Information

Surname: _____ Given Name: _____

Address: _____

Home Phone: _____ Cell: _____ Work Phone: _____

Is it convenient to contact you at work? Yes No Birth Date: _____

Email Address #1: _____ Email Address #2: _____

Please check the reasons you wish to volunteer with our organization:

- Challenging work Resume References Meet new people Continuing Education Opportunities Contribution to the Community Contribute skills different from regular work Recognition other _____

PART B: Background Information – you may attach a resume if you wish

Education: (Include highest grade completed, college/university, relevant training/courses)

Employment: (Present position, related work experience)

Previous Community and Volunteer Experience:

Recreation/Hobbies: _____

PART C: Availability

When are you available to be on call?

- days evenings weekends weekdays 24/7 anytime

What area do you wish to cover?

- North of Englehart South of Englehart Either end in the case of a large scale emergency

Number of Children: _____ Ages: _____ Spoken Languages: _____

Are you willing to transport victims in your vehicle? _____ Do you have access to a vehicle? _____

Can you realistically offer at least 1 year to VCARS? _____

Volunteer's Signature: _____ Date: _____