

Survivors of Abuse Recovering (S.O.A.R.) Society

*A Community-Based Peer Counselling Service for Adult Survivors
of Childhood Sexual Abuse in Hants, Kings & Annapolis Counties*



Mail: P.O. Box 105, Kentville, N.S. B4N 3V9
Phone: 902-679-7337 or 877-679-SOAR (7627)
Email: info@survivorsofabusererecovering.ca
Web: www.survivorsofabusererecovering.ca

S.O.A.R. Membership Application

Name: _____

Address: _____

Town: _____ PostCode: _____

Phone: _____ Email: _____

Date of Application: _____

- OK to leave messages on voicemail
- Add me to the S.O.A.R. members contact list (circulated only to members)
- Add me to the S.O.A.R. members email list (to get notifications of events, etc.)
- I enclose \$5 for annual membership fee
- I also enclose an extra \$ _____ as a tax-deductible donation to S.O.A.R.
- If this is an annual membership renewal, just fill in this one page. If your Criminal Records Check / Vulnerable Populations Check is more than five (5) years old, you need to submit a new one. (See CRC/VPC Letter.)
- If this is a new application, please also respond to the questions on page 2. You will be contacted by our Membership Committee. Please submit a copy of your Criminal Records Check / Vulnerable Populations Check that is less than one (1) year old. (See CRC/VPC Letter.)

(amounts donated of \$10 or more above membership fee will receive a tax receipt)

Canadian Registered Charity: # 876605726RR0001

Make cheques payable to *Survivors of Abuse Recovering Society*. Please return this form, your dues payment and a copy of your Criminal Records Check (if applicable).

S.O.A.R. Membership Application – Page 2

Questions for New Applicants

1. How did you find out about S.O.A.R.?

2. What experience or knowledge do you have of issues of childhood sexual abuse?

3. What skills or resources can you bring to S.O.A.R.?

4. How do you see yourself contributing? (Check all that apply)
 - a. Educational Programming
 - b. Peer Counselling (must be a survivor and take the training)
 - c. Public Relations
 - d. Fund Raising / Grant Writing
 - e. Board Member
 - f. Other. Please specify: _____

5. What experience do you have volunteering with other organizations?

6. Are there people or organizations that you would like to use as references?

Thank-you! Someone from the membership Committee will be in touch shortly.

Survivors of Abuse Recovering (S.O.A.R.) Society

*A Community-Based Peer Counselling Service for Adult Survivors
of Childhood Sexual Abuse in Hants, Kings & Annapolis Counties*



Mail: P.O. Box 105, Kentville, N.S. B4N 3V9
Phone: 902-679-7337 or 877-679-SOAR (7627)
Email: info@survivorsofabuserecovering.ca
Web: www.survivorsofabuserecovering.ca

CRIMINAL RECORDS CHECK – VOLUNTEER SCREENING

To whom it may concern,

Please be advised that _____ needs a Criminal Records Check in order to be eligible to provide volunteer services to S.O.A.R. S.O.A.R.'s mandate is to support adult survivors of childhood sexual abuse.

=====

Note to applicants:

Criminal records checks can only be done in the area that the person applying resides.

The individual requiring the check must apply in person

Forms **DO NOT** have to be signed by anyone from SO.A.R. They must simply have the info on the agency requesting the search, contact name, number, reason for search, **and vulnerable persons section must be completed.**

- Agency / business requesting search – **Survivors of Abuse Recovering (S.O.A.R.) Society**
- Contact Name – **Karen Martin, Chair of the Board** or **Bruce Dienes, Chair of the Membership Committee**
- Telephone - 365-1701 ext 2861 (K. Martin) or 678-6390 (B. Dienes)
- Reason for Criminal Record Search - **Volunteer**
- Details regarding children or vulnerable persons: **Volunteer with adult survivors of childhood sexual abuse.**

IMPORTANT – You must request that a “vulnerable persons check” be completed especially on the RCMP forms. On these forms sections 1, 2, 3, and 4 on the “category of information disclosure” **MUST** be filled out. (If it is not, the form will be void and you may have to get another CRC.)

Criminal record check letter of search results is only sent to the person named in the search. It cannot be sent to S.O.A.R. directly. It is the responsibility of the person to deliver or mail their document to S.O.A.R.

Please bring the following to your local RCMP detachment or local town Police

- 1.** Two (2) pieces of Government issued ID and one must be photo, to the local detachment of the RCMP or Town / City Police.
- 2. This Letter**
- 3. Some detachments require a Birth Certificate, so please check with your local detachment.**