

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



*A Community-Based Peer Support Service for
Adult Survivors of Childhood Sexual Abuse in Nova Scotia*

Mail: P.O. Box 105, Kentville, NS, B4N 3B9
Phone: 902-679-7337 or 877-679-SOAR (7627)
Email: info@survivorsofabuserecovering.ca
Web: <https://survivorsofabuserecovering.ca>

S.O.A.R. Membership Application

Name: _____

Address: _____

Town: _____ PostCode: _____

Phone: _____ Email: _____

Date of Application: _____

- ☐ OK to leave messages on your 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 \$10 for annual membership fee or have sent an e-transfer (required).
- ☐ I have signed and enclosed the S.O.A.R. Confidentiality Agreement (for new members).
- ☐ 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 Sector 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 obtain a new Criminal Records Check / Vulnerable Sector Check and submit the Confidentiality Agreement. (See forms below.)
Note that a VSC check cannot be used for more than one organization.

Note: If you incur an expense for the CRC/VSC, S.O.A.R. will reimburse you (send us the receipt).

Amounts donated of \$10 or more in addition to the membership fee will receive a tax receipt.

Canadian Registered Charity: # 876605726RR0001

Make cheques payable to *Survivors of Abuse Recovering Society*. E-transfers can be sent to treasurer@survivorsofabuserecovering.ca Please send us this form, your dues payment, the signed Confidentiality Agreement and a copy of your Criminal Records Check and Vulnerable Sector Check (if applicable).

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

Questions for New Applicants

1. How and where did you find out about S.O.A.R.?
(e.g. Brochure / Google / Library / Friend / Facebook / Website / Referred by..., etc.)

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 Supporter (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 for your interest!

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CRIMINAL RECORDS CHECK – VOLUNTEER SCREENING (2026)

To whom it may concern,

S.O.A.R. is a charitable non-profit whose mandate is to support adult survivors of childhood sexual abuse. Please be advised that _____ needs a Criminal Records Check and Vulnerable Sector Check in order to be eligible to provide volunteer services to S.O.A.R., which include one-on-one peer support sessions with survivors. Volunteers are not paid for their services.
Please use this letter as a reference to have a criminal record check done at your local detachment.

Notes to applicants:

Criminal records and vulnerable sector checks can be done only by the police detachment that serves 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 S.O.A.R. They must simply have the info on the agency requesting the search, contact name, number, reason for search, **and vulnerable sector section must be completed.** If you already have a copy of the application form, do not sign it until you get to the detachment. They must see you sign it. Here is information you will need:

- Agency / business requesting search – **Survivors of Abuse Recovering (S.O.A.R.) Society**
- Contact Name – **Theresa Redmond, SOAR Admin Support**
- Email: **membership@survivorsofabuserecovering.ca**
- Telephone – **902-678-0281 (T. Redmond)**
- Reason for Criminal Record Search - **Volunteer with S.O.A.R. providing peer support sessions to survivors.**
- Details regarding children or vulnerable persons: **Sessions are with adult survivors of childhood sexual abuse.**

IMPORTANT – You must request that a “vulnerable sector check” be completed, especially on the RCMP forms. On these forms, sections 1 and 3 on the “Type of Record Check Required” **MUST** be filled out. (If it is not, the form will be void and you will have to get another CRC/VSC.)

The Criminal Record Check letter of search results is sent only 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. At least one must be photo ID.
- 2.** This Letter
- 3.** Some detachments require a Birth Certificate, so please check with your local detachment.

Note: If you need more than one check (for different organizations) you may be asked for fingerprints. These will NOT be placed in a searchable database.

Fees: There is no federal processing fee for Canadian volunteer position applications. But there may be a local processing fee. Check with your local detachment or local town police. SOAR will reimburse you for the cost if you submit a receipt to the treasurer.