



APPLICATION TO VOLUNTEER

Please print clearly and fill in all sections.

Date Received:

Personal Information

Surname		Given Names	
All Other Names Since Birth		Place of Birth	
Are you: <input type="checkbox"/> Male <input type="checkbox"/> Female		DOB (YYYY/MM/DD)	
Street Address	City	Province	Postal Code
Home Phone	Cell Phone	Work Phone	
Email Address(s)			
How long have you been a resident of Metro Vancouver?			

What CPC Programs & Activities are you interested in?

Information Services / Front Office CPTED (Community Cleanup)
 Foot Patrol Bike Patrol Speedwatch Pooch Patrol
 Community Outreach Special Events Child Find Board of Directors

Other Areas of Interest (please specify): _____

General Availability:

<input type="checkbox"/> Weekdays	<input type="checkbox"/> Week Nights	<input type="checkbox"/> Weekends
<input type="checkbox"/> Mornings (10 a.m. - Noon)	<input type="checkbox"/> Afternoons (Noon - 6 p.m.)	<input type="checkbox"/> Evenings (6-8 p.m.)

Grandview-Woodland Community Policing Centre • 1977 Commercial Drive, Vancouver, BC V5N 4A8
Tel 604-717-2932 • Fax 604-717-2923 • Email: volunteercoordinator@gwcpc.ca • www.gwcpc.ca

Work / Education

Where do you work? _____

Full Time

Part Time

Unemployed

What is your occupation? _____

Where do you go to school? _____

Full Time Student

Part Time Student

What are you studying? _____

Are you:

Retired

Other

Please specify: _____

Tell Us About Yourself

Please state the reasons for your interest in volunteering and, why you consider yourself to be a good candidate to work with this community policing centre.

What do you expect to gain from volunteering with us?

How did you hear about the Grandview-Woodland Community Policing Centre?

Are you considering a career with a police force, border services, jail guard, or other law enforcement agency? If so, which one(s)?

Skills & Training

- | | | |
|---|---|---|
| <input type="checkbox"/> General Office | <input type="checkbox"/> Computer | <input type="checkbox"/> Media/Web |
| <input type="checkbox"/> Bicycle Course | <input type="checkbox"/> Food Safe | <input type="checkbox"/> Hospitality/Restaurant |
| <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Security | <input type="checkbox"/> 2nd Language |
| <input type="checkbox"/> Access to the Internet | <input type="checkbox"/> Read Email at least once per day | |

Other skills:

Please Provide 3 References

Name	Occupation	Relationship	Phone #

GWCPD POLICY

I understand and accept that it is the Grandview-Woodland Community Policing Centre's policy to not provide feedback if my application to be a volunteer is unsuccessful.

I hereby attest that the above information is true to the best of my knowledge and I agree to submit my name to a criminal record and back ground check by the Vancouver Police Department.

Applicant Signature

Date (YY/MM/DD)

VOLUNTEER CONTRACT

If I am approved to volunteer at the GWPCPC:

I agree to complete a minimum of 4 hours volunteering per month, each month, in the community and/or at the GWPCPC office;

I understand that when I become a GWPCPC volunteer, I will also become a member of the Grandview-Woodland Community Police Office Society, which will give me the right to vote at the GWPCPC AGM. Membership will continue during the time I am volunteering and extend for 2 years after I cease being an active volunteer, unless I resign/or terminated as a member of the Society;

I understand that my name and contact information will be made available to other volunteers at the GWPCPC for the purpose of scheduling shifts efficiently.

Print Name

Applicant Signature

Date (YY/MM/DD)

CONFIDENTIALITY AFFIRMATION

I hereby affirm that in my position as a volunteer with the Grandview-Woodland Community Policing Centre I will be handling confidential information. I will exercise due care with the information I provide to citizens. If I have questions regarding the disclosure of information to the public I will consult the Neighbourhood Police Office Coordinator.

I understand that no document is to be copied and/or removed from the Grandview-Woodland Community Policing Centre without the permission of the Neighbourhood Police Office Coordinator.

I will not discuss specific facts and/or personal data concerning victims and witnesses and any other clients I serve with members of the media, private citizens or, other victims or witnesses.

I understand that I cannot promise complete confidentiality to any victim or witness to whom I provide service, in that under rules of evidence, I may be subpoenaed to appear in Court and give testimony, and will advise clients of this fact.

I will not discuss my services with any member of the media without prior approval of the Neighbourhood Police Officer or Coordinator. If I want to write about my experiences with the Grandview-Woodland Community Policing Centre, I will seek permission from the Neighbourhood Police Officer or Coordinator.

I have read the above "Confidentiality Affirmation" and agree to the above statements.

Print Name

Applicant Signature

Date (YY/MM/DD)