

VOLUNTEER



APPLICATION

Fill out all sections of this form completely. Any information omitted will result in the return of the application.

PERSONAL INFORMATION

SURNAME _____ GIVEN NAMES _____ (print clearly)

ALL OTHER NAMES SINCE BIRTH _____

MALE / FEMALE _____ DOB (YY/MM/DD) _____ PLACE OF BIRTH _____

RESIDENCE (NUMBER/STREET) _____ (CITY/TOWN) _____ (PROV.) _____ (POSTAL CODE) _____

TELEPHONE (HOME) _____ (WORK) _____ (OTHER) _____

EMAIL(S) _____

How long have you been a resident of Metro Vancouver? _____

CPC AREAS OF INTEREST

- Front Desk Operations (telephone intake, walk-in/phone inquiries, clerical duties, filing crime reports and, victim support services)
- Foot/Bike Patrol Program Speedwatch Child I.D.
- Community Outreach Services (crime prevention education)
- Special Events (Cops for Kids, information kiosks, etc.)
- Communication Projects (graphics/art design: flyers, brochures, posters, displays; newsletter: write/edit, interview, photograph, publish)
- Other Areas of Interest (please specify): _____

General Availability: Weekdays / Weekends Mornings / Afternoons / Evenings
(circle as necessary)

SKILLS - TRAINING - PERSONAL ACHIEVEMENTS

Hospitality _____ ACCREDITATION _____ Computer/Media/Web _____ DESCRIPTION _____

Bicycle Course _____ General Office _____

First Aid/CPR _____ Languages _____

Other Skills _____

WORK – EDUCATION – VOLUNTEER HISTORY

Are you currently employed, a student or, retired? Please provide your current contact information, full or part-time as applicable.

COMPANY	CONTACT	FIELD OF WORK	TEL.#
SCHOOL/COLLEGE/UNIVERSITY		FIELD OF STUDY	DATE ENROLLED

Have you ever applied or volunteered with any other police affiliated or, community crime prevention programs? Any other organizations? If yes, where and when.

3 REFERENCES (MANDATORY)

NAME	OCCUPATION	RELATIONSHIP	TEL.#
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WORK – EDUCATION – VOLUNTEER HISTORY

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?

EMERGENCY CONTACT

NAME	RELATIONSHIP	TEL.#
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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 security and record check by the Vancouver Police Department.

APPLICANT SIGNATURE

DATE (YY/MM/DD)

VOLUNTEER CONTRACT

I agree that if I am approved to volunteer at the GWPC:

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

I understand that when I become a GWPC 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 GWPC 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 GWPC for the purpose of scheduling shifts efficiently.

PRINT NAME

APPLICANT SIGNATURE

DATE (YY/MM/DD)

CONFIDENTIALITY AFFIRMATION

(Please read the agreement and sign below)

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)