



Working Together  
To Prevent Crime

# KELOWNA & DISTRICT R.C.M.P. COMMUNITY POLICING PROGRAM VOLUNTEER APPLICATION FORM



Which Community Policing Area are you interested in Volunteering in ?

PEACHLAND, WESTSIDE, OK MISSION, GLENMORE, RUTLAND, LAKE COUNTRY: \_\_\_\_\_

Which Volunteer program or area are you most interested in ?

COMMUNITY POLICING OFFICE, SPEED WATCH, NEIGHBOURHOOD WATCH,  
AUTO CRIME, CITIZENS PATROL:

Date of Application \_\_\_\_\_  
yy / mm / dd

<b>NAME:</b>	<b>SURNAME:</b>		<b>FIRST:</b>		<b>MIDDLE:</b>		<b>Marital Status</b>	
<b>ADDRESS:</b>		<b>STREET:</b>			<b>CITY:</b>		<b>POSTAL CODE:</b>	
<b>DATE OF BIRTH:</b>		yy   mm   dd		<b>CITY OF BIRTH</b>		<b>PROV/COUNTRY OF BIRTH</b>		<b>MAIDEN NAME:</b>
<b>PHONE:</b>	<b>HOME:</b>	<b>BUSINESS:</b>	May we call you at work? Y N		<b>EMAIL:</b>			
If address less than 5 years list previous addresses:							<b>FROM:</b>	<b>TO:</b>
<b>DRIVERS LICENSE No:</b>			<b>Province of issue</b>			<b>HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE? Y N</b>		
Accepted ( ) Not Accepted ( )		<b>CPIC</b>		<b>PIRS</b>		<b>OCCUPATION/ EMPLOYER:</b>		
Signature: _____		Date: _____		<b>CNI</b>		<b>MVB</b>		<b>APPLICANTS SIGNATURE X</b>

We, the undersigned, understand that the above noted person has applied to become a participant in a Community Policing Program and that the program demands that every person living in the same residence as a policing volunteer be of good character and not be suspected of, charged with or convicted of a criminal offence. We, the undersigned, authorize The Royal Canadian Mounted Police to make any inquiry necessary to determine the approval or disapproval of this application. Each of the undersigned will be given the opportunity to see and discuss any information pertaining to oneself which results in disapproving this application. The undersigned understand that information from this application may be made available, as required, to co-ordinators and other persons working with Community Policing Programs. We, the undersigned, understand the application approval rests with the RCMP, and may be revoked at any time. All program participants are subject to periodic rescreening.

ALL OTHER RESIDENTS IN APPLICANTS HOME: ( CHILDREN, RELATIVES, ETC) Check if none			
<b>SPOUSE SURNAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>SIGNATURE:</b>
<b>MAIDEN NAME:</b>			X
<b>DATE OF BIRTH:</b> YY   MM   DD	<b>CITY OF BIRTH:</b> PROV/COUNTRY:	<b>DRIVERS LICENSE NUMBER:</b>	<b>CPIC   CNI   PIRS   MVB</b>
<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>SIGNATURE:</b>
			X
<b>DATE OF BIRTH:</b> YY   MM   DD	<b>CITY OF BIRTH:</b> PROV/COUNTRY:	<b>DRIVERS LICENSE:</b>	<b>CPIC   CNI   PIRS   MVB</b>
<b>LAST NAME:</b>	<b>FIRST NAME:</b>	<b>MIDDLE NAME:</b>	<b>SIGNATURE:</b>
			X
<b>DATE OF BIRTH:</b> YY   MM   DD	<b>CITY OF BIRTH:</b> PROV/COUNTRY:	<b>DRIVERS LICENSE:</b>	<b>CPIC   CNI   PIRS   MVB</b>

**VOLUNTEER APPLICANT INFORMATION**

NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

HAVE YOU PREVIOUSLY WORKED IN A VOLUNTEER PROGRAM: YES ( ) NO ( )  
 ARE YOU CURRENTLY EMPLOYED: YES ( ) NO ( )  
 DESCRIBE ANY WORK RELATED EXPERIENCE: ( INCLUDE EMPLOYMENT, CLUBS, ORGANIZATIONS, HOBBIES, VOLUNTEER PROGRAMS )  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION SKILLS** (Please Check Where Applicable) UNIVERSITY ( ) HIGH SCHOOL ( ) OTHER \_\_\_\_\_

<b>COMPUTER SKILLS</b>		<b>LANGUAGES</b>	
TYPING/KEYING ( )		_____ Speak fluently ( )	Read ( ) Write ( )
SPREADSHEETS ( )		_____ Speak fluently ( )	Read ( ) Write ( )
PROGRAMMING ( )			
OTHER _____			
<b>PUBLIC SPEAKING</b> ( )		<b>TEACHING/TRAINING</b> ( )	
<b>ACCOUNTING</b> ( )		<b>LAW/LEGAL</b> ( )	

**Any Other Skills You May Feel Relevant:** (ie: COURSES, BOATING, PHOTOGRAPHY, WRITING, ETC.)  
 \_\_\_\_\_  
 \_\_\_\_\_

Are you willing to work on projects situated away from the community policing office? YES ( ) NO ( )  
 Are you willing to sign a commitment for a one year period and work the minimum hours as required by the program you are signing up for ? YES ( ) NO ( )  
 Are there any health or other matters that may limit or affect your ability to work on the Community Policing program you have selected. YES ( ) NO ( ) If yes - please describe: \_\_\_\_\_  
 \_\_\_\_\_

**PLEASE LIST TWO REFERENCES; (NON-RELATED):**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**IN CASE OF EMERGENCY PLEASE CONTACT:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_