



KELOWNA REGIONAL RCMP VOLUNTEER APPLICATION



Surname:	First:	Middle:	Sex:	Marital Status:
Street Address:		City:		Postal Code:
Date of Birth: (Y/M/D)	City & Province of Birth		Maiden/Other Surname:	
Home Phone:	Mobile Phone:	Email Address:		
Driver's Licence #	Province of issue:	Have you ever been convicted of a criminal offence? _____ Yes _____ No		
Employer:		Occupation:		
Have you been a Canadian resident for a minimum of 5 years? _____ Yes _____ No				

I hereby give permission to the RCMP to obtain all information necessary to qualify me as a volunteer with the RCMP Volunteer Program that I am applying for. It is understood that the RCMP will have final authority in the approval or rejection of the application. This decision will be final. I may request an explanation for the decision but, depending on the circumstances, the criteria and method of arriving at the decision may not be subject to disclosure.

Applicant's Signature:	Date:
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ALL OTHER RESIDENTS IN APPLICANT'S HOME: (spouse, children, etc.) CHECK IF NONE: []		
Spouse's Surname:	First Name:	Middle Name:
Maiden Name:		
Date of Birth: (Y/M/D)	City & Province of Birth:	Driver's Licence #:
Last Name:	First Name:	Middle Name:
Date of Birth: (Y/M/D)	City & Province of Birth:	Driver's Licence #:
Last Name:	First Name:	Middle Name:
Date of Birth: (Y/M/D)	City & Province of Birth:	Driver's Licence #:

Date Received:

VOLUNTEER APPLICANT INFORMATION

Have you previously worked in a volunteer program: Y N

Are you currently employed: Y N

Describe any work related experience: (include employment, clubs, organizations, hobbies, volunteer programs)

EDUCATION SKILLS: (Please check where applicable) University ____ High school ____ Other: _____

Computer Skills

Languages

Typing/keying _____ Speak fluently Read Write

Spreadsheets _____ Speak fluently Read Write

Programming

Other: _____

Public Speaking Teaching/Training

Accounting Law/Legal

Any other skills you may feel relevant: (i.e. courses, boating, photography, writing, etc.)

Are you willing to work on projects situated away from the community policing office: Y N

Are you willing to work the minimum hours (between 100 hours) and take training as required by the program you are signing up for: Y N

Are there any health or other matters that may limit or affect your ability to work on the Community Policing Program you have selected: Y N If yes, please describe.

PREFERRED AREAS OF INTEREST (please check one)

CITIZENS PATROL		COMMUNITY OFFICE		OTHER	
Rutland		Rutland		Speed Watch	
KLO					

In case of an emergency, please contact:

Name: _____ Relationship: _____

Address: _____ Phone: _____