



RCMP VOLUNTEER APPLICATION VERNON/NORTH OKANAGAN



All information contained in this pre-screening application, provided by the volunteer, will be protected by the City of Vernon in accordance with the applicable legislation. Information collected is used only to determine eligibility and suitability of the volunteer. Acceptance may be subject to vacancy.

(Surname) (Maiden Name) (First) (Second)

(Address) (City) (Postal Code)

(Home Phone) (Cell Phone) (Email address)

(Place of Birth /City and Province) (Date of Birth yr./mm/day)

How long have you been a resident of Vernon? _____

Are you currently employed? _____ Part Time _____ Full Time _____

May we contact your employer? _____ (Y/N)

(Place of Employment) (Contact Person & Phone Number)

Do you have a valid driver's license? Yes D.L. Number _____ Prov. _____

Have you ever applied to the RCMP or to this program in the past? Yes No

Please list any volunteer experience or work experience you have that may be relevant.

Please list a reference who may be contacted:

(Business, personal, educational) (Contact Person & Phone Number)

Education

High School – Completed: Yes No

Post-Secondary – University Program: _____ Completed: Yes No

College/Institute Program: _____ Completed: Yes No

How did you learn about our need for Volunteers?

Media RCMP Website Local volunteer Centre family/friend

Other (specify): _____



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We take **commitment** of this volunteer role very seriously. We do understand there has to be a balance between family, work and your volunteer time and we will make every effort to be flexible with scheduling.

You will commit to go out on patrol a **minimum of 6 hours per month.** _____ (initial)

You will commit to make a **two year commitment to the program.** _____ (initial)

You will commit to attend **4 mandatory 2 hr. training sessions a year.** _____ (initial)

You must pass a suitability interview and 30 hours of both classroom and practical skills sessions with a RCMP Volunteer Trainer.

You must pass and hold RCMP *Enhanced Reliability Status* with the RCMP to participate.

I, _____, grant permission to the RCMP to obtain information necessary to qualify me as a RCMP volunteer with the RCMP Volunteer Program. It is understood that the RCMP will have the final authority in the criteria, or method of selection and is not obligated to disclose the reason for rejecting an application. This decision will be final. I will bear no grievance against the RCMP in this respect. **To be accepted you must not have been convicted of a criminal offence.**

ATTENTION: Any false information given in the application will be grounds for denial, or if accepted, immediate dismissal.

"Pursuant to section 26 of the Freedom of Information and Protection of Privacy Act, the information, and images collected from this application will be used for the purposes of applying for a volunteer position with the RCMP and for scheduling and communication purposes within that group and the City of Vernon Community Safety Unit."

For information relating to the collection or release of this information please contact the Head for administering the provisions of the Freedom of Information and Protection of Privacy Act, 3400 — 30th Street, Vernon, BC, telephone: (250) 550-3526 or via email at kaustin@vernon.ca

By signing this form, I acknowledge that I have read, understand and agree to the above conditions. I also authorize the City of Vernon to contact the references provided concerning my suitability as a Volunteer. I also acknowledge I was given the opportunity to ask questions and I received satisfactory answer to these questions.

Signature of Applicant Date

Attach a copy of Driver's License

FOR OFFICE USE ONLY

PIC CHECK _____
(Date) (Results...Pos. /Neg.) (Attached printout)

CONTACT DATE _____ INTERVIEW DATE _____

Please submit the completed form to R. Borisenko at 3005-33rd Street with a copy of your Police Information Check or via email to rborisenko@vernon.ca