

KOM CPC VOLUNTEER APPLICATION FORM

APPLICANTS MUST: BE AT LEAST 19 YEARS OLD, CONSENT TO A BACKGROUND CHECK & LIVE IN THE GREATER VANCOUVER AREA



YOUR INFORMATION

FIRST NAME

LAST NAME

GIVEN NAME (OPTIONAL)

DATE OF BIRTH

DRIVER'S LICENSE / BCID

APT / UNIT STREET ADDRESS

CITY

POSTAL CODE

PHONE NUMBER

EMAIL ADDRESS

TELL US ABOUT YOURSELF

CURRENT OCCUPATION

CURRENT EMPLOYER / SCHOOL

PREVIOUS VOLUNTEERING EXPERIENCE

IF YOU'VE BEEN TRAINED IN THE FOLLOWING, PLEASE ENTER THE MOST RECENT YEAR OF TRAINING:

PLEASE CHECK THE LANGUAGES YOU SPEAK AND/OR WRITE FLUENTLY:

FIRST AID

NARCAN

ENGLISH

FRENCH

OTHER

CPR

MANDARIN

CANTONESE

WHY ARE YOU APPLYING TO VOLUNTEER WITH THE KOM CPC?

WHAT DO YOU EXPECT TO GAIN FROM VOLUNTEERING WITH US?

CONTINUED ON NEXT PAGE

KOMCPC.COM | 604.717.3434 | 6070 EAST BOULEVARD

REFERENCES

THE KOM CPC REQUIRES **3 CHARACTER REFERENCES** AS PART OF OUR SCREENING PROCESS. PLEASE **DO NOT USE RELATIVES**. IF YOU HAVE DIFFICULTY FINDING REFERENCES, CONTACT THE KOM CPC VOLUNTEER COORDINATOR.

POTENTIAL REFERENCES

KOM CPC VOLUNTEER	CLOSE FRIEND	CLASSMATE	LAW ENFORCEMENT CONTACT
EMPLOYER	FAMILY FRIEND	COUNSELOR	MENTOR INSTRUCTOR
CO-WORKER	NEIGHBOUR	COACH	LANDLORD



FIRST & LAST NAME	RELATIONSHIP		
OCCUPATION / POSITION	PHONE NUMBER	EMAIL ADDRESS	

FIRST & LAST NAME	RELATIONSHIP		
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FIRST & LAST NAME	RELATIONSHIP		
OCCUPATION / POSITION	PHONE NUMBER	EMAIL ADDRESS	

WRAPPING UP

HOW DID YOU HEAR ABOUT US?

REFERRAL: KOM CPC MEMBER	SOCIAL MEDIA	FAMILY / FRIEND
REFERRAL: VPD / RCMP MEMBER	COMMUNITY EVENT	INTERNET SEARCH
VPD EVENT	SCHOOL EVENT	OTHER

I UNDERSTAND:

THE KERRISDALE OAKRIDGE MARPOLE COMMUNITY POLICING CENTRE (KOM CPC) DOES NOT PROVIDE UPDATES OR FEEDBACK ON APPLICATION STATUS UNLESS I AM CONTACTED FOR AN INTERVIEW. THE KOM CPC RESERVES THE RIGHT TO NOT DISCLOSE REASONS FOR DENIAL, ACCEPTANCE OR DELAY INTO THE VOLUNTEER PROGRAM.

APPLICANT'S SIGNATURE

DATE SIGNED

BACKGROUND CHECK CONSENT FORM



IN ORDER TO OBTAIN A VOLUNTEER POSITION, I AM REQUIRED TO SHOW I AM OF GOOD CHARACTER.

BY SIGNING THIS FORM AND COMPLETING THE VPD500A(20) POLICE INFORMATION CHECK FORM, I AUTHORIZE THE VANCOUVER POLICE DEPARTMENT TO INQUIRE AND DETERMINE WHETHER OR NOT I HAVE EVER BEEN INVESTIGATED, CHARGED OR CONVICTED OF A CRIMINAL OFFENCE PRIOR TO, AND DURING MY TENURE AS COMMUNITY POLICING VOLUNTEER.

I FURTHER AUTHORIZE THE VANCOUVER POLICE DEPARTMENT TO OBTAIN A FULL AND COMPLETE DISCLOSURE OF ALL FACTS UNCOVERED.

I FURTHER AGREE THAT THE VANCOUVER POLICE DEPARTMENT MAY CONTACT MY VOLUNTEER AND PAID WORK SITES, AND THE INDIVIDUALS I HAVE PROVIDED AS REFERENCES.

IN ADDITION TO THE ABOVE, I AGREE TO ABIDE BY THE VOLUNTEER RULES AND RESPONSIBILITIES AS THEY CURRENTLY EXIST, AND TO ANY AMENDMENTS AND ADDITIONS AS THEY ARE PUBLISHED.

I UNDERSTAND THAT MY ACCEPTANCE AS A VOLUNTEER AND CONTINUED INVOLVEMENT IN THE PROGRAM WILL BE AT THE SOLE DISCRETION OF THE KERRISDALE OAKRIDGE MARPOLE COMMUNITY POLICING CENTRE'S EXECUTIVE DIRECTOR AND/OR COORDINATOR.

I FURTHER UNDERSTAND THAT THE VANCOUVER POLICE DEPARTMENT RESERVES THE RIGHT NOT TO DISCLOSE REASONS RESULTING IN A DENIAL OR ACCEPTANCE INTO THE VOLUNTEER PROGRAM.

APPLICANT'S SIGNATURE

DATE SIGNED

SUBMISSION INSTRUCTIONS

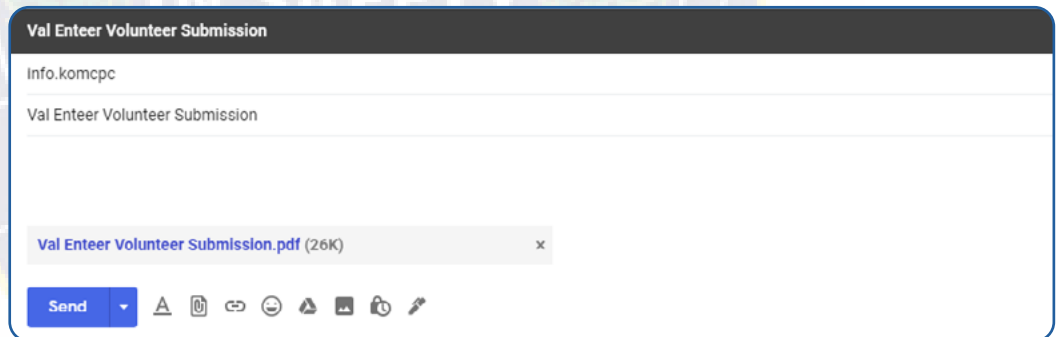


DIGITAL SUBMISSION

FILL OUT THE FORM ON YOUR COMPUTER OR MOBILE DEVICE AND SAVE IT WITH YOUR FIRST AND LAST NAMES AS THE FILE NAME. ATTACH THE FILE IN AN EMAIL TO KOMCPC@SHAW.CA WITH YOUR NAME AND THE WORDS 'VOLUNTEER SUBMISSION' AS THE SUBJECT.

WRITTEN SUBMISSION - SCAN & EMAIL

CLEARLY PRINT ALL INFORMATION IN BLUE OR BLACK PEN. SCAN COMPLETED PAGES, AND SAVE AS A PDF WITH YOUR FIRST AND LAST NAMES AS THE FILE NAME. ATTACH THE FILE IN AN EMAIL TO KOMCPC@SHAW.CA WITH YOUR NAME AND THE WORDS VOLUNTEER SUBMISSION AS THE SUBJECT.



WRITTEN SUBMISSION - DROP-OFF

CLEARLY PRINT ALL INFORMATION IN BLUE OR BLACK PEN. DROP OFF THE COMPLETED DOCUMENT TO OUR OFFICE, LOCATED AT 6070 EAST BOULEVARD. CHECK OUR WEBSITE KOMCPC.COM FOR HOURS.