

**BRANT-BRANTFORD CRIME STOPPERS
VOLUNTEER APPLICATION FORM**

SECTION ONE

DATE: _____

NAME: _____
(SURNAME) (GIVEN NAMES)

HOME ADDRESS: _____
(STREET)

(CITY) (PROV) (POSTAL CODE) (PHONE NUMBER)

MAILING ADDRESS: _____ **EMAIL ADDRESS:** _____
(IF DIFFERENT FROM ABOVE)

SECTION TWO

HAVE YOU PREVIOUSLY WORKED OR VOLUNTEERED WITH LAW & SECURITY OR RELATED AREAS? _____
(YES / NO)

IF YES, WHERE DID YOU WORK OR VOLUNTEER? _____

PRESENT OCCUPATION: _____

CURRENT/PREVIOUS VOLUNTEER EXPERIENCE: _____

YOUR INTERESTS/SKILLS/HOBBIES: _____

WHY ARE YOU INTERESTED IN VOLUNTEERING WITH BRANT-BRANTFORD CRIME STOPPERS?

SPARE TIME _____ **INTERACTION WITH PEOPLE** _____ **INTEREST IN YOUR COMMUNITY** _____

INTEREST IN CRIME PREVENTION _____ **WORK EXPERIENCE/COURSE REQUIREMENT** _____

IF OTHER, PLEASE SPECIFY: _____

WHEN ARE YOU USUSALLY ABLE TO VOLUNTEER?

MORNINGS AFTERNOONS EVENINGS WEEKENDS FLEXIBLE

WHICH TYPES OF VOLUNTEER JOBS APPEAL TO YOU MOST?

DECORATE PARADE FLOAT _____ **PARTICIPATE AT PARADES** _____ **FUND RAISING EVENTS** _____

ATTEND PUBLIC INFORMATION BOOTH _____ **OTHER** _____
(POLICE WEEK, FAIRS, ETC.) (PLEASE SPECIFY)

SECTION THREE

IT IS THE RESPONSIBILITY OF THE BRANT-BRANTFORD CRIME STOPPERS PROGRAM TO COMPLETE A POLICE RECORDS CHECK ON ALL VOLUNTEERS. FOR THIS REASON, ALL NEW VOLUNTEERS MUST, AS A CONDITION OF VOLUNTEER PLACEMENT, BE SUBJECTED TO THIS POLICE RECORDS CHECK.

WOULD YOU CONSENT TO A POLICE RECORDS CHECK?: _____
(YES / NO)

IF ACCEPTED AS A VOLUNTEER, WOULD YOU BE WILLING TO TAKE AN OATH OF SECRECY? _____
(YES / NO)

PLEASE PROVIDE NAME, ADDRESSES AND TELEPHONE NUMBERS OF TWO REFERENCES (ONE PERSONAL AND ONE PROFESSIONAL). FAMILY MEMBERS ARE NOT TO BE USED AS REFERENCES FOR THIS APPLICATION.

PERSONAL REFERENCE:

(NAME) (PHONE)

(ADDRESS) (POSTAL CODE)

PROFESSIONAL REFERENCE:

(NAME) (PHONE)

(ADDRESS) (POSTAL CODE)

I HEREBY AUTHORIZE BRANT-BRANTFORD CRIME STOPPERS TO CONTACT ANY OF MY PRESENT OR PREVIOUS EMPLOYERS/VOLUNTEER PLACEMENTS/REFERENCES TO MAKE ANY INQUIRIES USUALLY REQUIRED TO DETERMINE MY SUITABILITY FOR VOLUNTEER PLACEMENT.

DATE SIGNATURE OF APPLICANT

ORIENTATION AND TRAINING WILL TAKE PLACE WHEN A POLICE CHECK IS COMPLETE.

SECTION FOUR

TO BE COMPLETED UPON ACCEPTANCE

IN CASE OF ACCIDENT, PLEASE NOTIFY: _____
(NAME)

(RELATIONSHIP) (PHONE)

I AGREE TO EXECUTE THE APPROPRIATE OATH OF SECRECY WITH RESPECT TO ALL CONFIDENTIAL INFORMATION AND I WILL ABIDE BY ALL BRANT-BRANTFORD CRIME STOPPERS POLICIES AND PROCEDURES.

DATE SIGNATURE