

**Richmond Citizens Crime Watch Patrol
Application Form
PATROL VOLUNTEER**

PERSONAL INFORMATION (Please do not use initials)			
SURNAME:	MAIDEN NAME:		
GIVEN NAME(S):			
ADDRESS:			
(NUMBER)	(STREET)	(CITY)	(POSTAL CODE)
TELEPHONE (HOME):		(WORK):	
(CELL/PAGER):	(EMAIL):		
DATE OF BIRTH:	PLACE OF BIRTH:		
ARE YOU A CANADIAN CITIZEN?: (PLEASE CIRCLE) YES NO			
DRIVER'S LICENCE NUMBER:			CLASS:
IF EMPLOYED, EMPLOYER/COMPANY NAME:			
ADDRESS:		POSITION/TITLE:	
LENGTH OF EMPLOYMENT: _____ TO _____.			
SPOUSE / COHABITATOR: SURNAME: GIVEN NAME:			
DATE OF BIRTH (Y/M/D):			
NAMES OF ANY CHILDREN AND/OR OTHER PERSONS RESIDING WITH YOU:			
(SURNAME)	(FIRSTNAME)	(MIDDLENAME)	(DATE OF BIRTH)

QUALIFICATIONS/ SKILLS

LIST ANY TYPE OF SPECIAL SKILLS:

Empty rows for listing special skills.

EDUCATION/ TRAINING:

Empty rows for listing education and training.

LIST OF LEISURE ACTIVITIES AND INTERESTS:

Empty rows for listing leisure activities and interests.

WHY DO YOU WISH TO VOLUNTEER?

Empty rows for explaining the reason for volunteering.

WHAT ARE YOUR EXPECTATIONS OF VOLUNTEERING?

Empty rows for stating expectations of volunteering.

Are you willing to complete an initial training program and future training?	yes	no
Are you willing to work the required hours?	yes	no
Are you willing to make a commitment of one year to the program?	yes	no

I agree that the RCMP may conduct a criminal record search and reliability check and that any inconsistencies will result in the rejection of my application and that the RCMP has the final authorization for the approval of my application.

(CIRCLE) **YES** **NO**

I, _____, give my permission to the Royal Canadian Mounted Police to obtain information necessary to qualify me as a volunteer with the Community Police Station. It is understood that the Royal Canadian Mounted Police will have the final authority in the approval or rejection of my application. The decision, criteria, or method of arriving at this decision is final and not subject for disclosure and that I will bear no grievance against the Royal Canadian Mounted Police. I affirm that the information provided is true to the best of my knowledge.

Signature: _____ **Date:** _____

OFFICE USE ONLY

INTERVIEW DATE: _____ INTERVIEWER:

APPLICANT NOTIFIED: _____ DATE ACCEPTED/
REJECTED: _____

CPIC:	CNI :
PIRS :	BCLD:

Checked on: _____ Checked by: _____