

Richmond Citizens Crime Watch Patrol
Application Form
BASE-OPERATOR VOLUNTEER

PERSONAL INFORMATION (Please do not use initials)	
SURNAME:	MAIDEN NAME:
GIVEN NAME:	MIDDLE NAME:
PERMANENT ADDRESS:	
TELEPHONE (HOME): _____ (WORK): _____	
DATE OF BIRTH: _____	PLACE OF BIRTH: _____
ARE YOU A CANADIAN CITIZEN?: (PLEASE CIRCLE) YES NO	
DRIVERS LICENSE NUMBER: _____	CLASS: _____
IF CURRENTLY 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)	
STATION APPLIED TO: (CIRCLE) RICHMOND CRIME WATCH	
PLEASE INDICATE IF YOU ARE INTERESTED IN ANY OF THE FOLLOWING ADDITIONAL DUTIES/ACTIVITIES:	
TRAINING OFFICER	COUNTER ATTACK
SPECIAL EVENTS	EMERGENCY CALL-UP LIST

QUALIFICATIONS/ SKILLS

LIST ANY TYPE OF SPECIAL SKILLS:

Empty text area for special skills.

EDUCATION/ TRAINING:

Empty text area for education and training.

LIST OF LEISURE ACTIVITIES AND INTERESTS:

Empty text area for leisure activities and interests.

WHY DO YOU WISH TO VOLUNTEER?

Empty text area for reasons for volunteering.

WHAT ARE YOUR EXPECTATIONS OF VOLUNTEERING?

Empty text area for 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

ADDITIONAL AVAILABILITY (OPTIONAL)

(CIRCLE)

MORNING (9am-1pm)

AFTERNOON (1pm-5pm)

EVENING (5pm-9pm)

DAYS AVAILABLE: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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: _____