



Volunteer Application

Thank you for your interest in volunteering with City of Kamloops Community Safety. Upon receipt of your completed application, you may be invited to attend a short interview with one of the Community Safety Coordinators.

Volunteer Criteria:

- Age 19 to 75
- Valid BC Driver's licence, with a good driving record
- Interest in aiding the Kamloops community
- Demonstrated understanding of community safety issues
- Mature, responsible, and reliable
- A professional demeanour
- Flexible; with a good sense of humour
- Works well with others
- Communication skills (including demonstrated reading and writing ability)
- Able to follow directions
- Will commit to a program or project and follow through
- Demonstrated understanding of confidentiality and a willingness to enter into a confidentiality agreement (any breach is cause for volunteer termination)
- Successful completion of a police records check and basic background check
- Ability to work with a variety of community partners; including direct liaison with the RCMP

Kamloops Community Safety offers programs and initiatives, such as:

- Speed Watch
- Citizens on Patrol - requires an additional screening process and an RCMP enhanced security clearance
- Kids Prints
- Lock Out Auto Crime
- Community Education and Special Events
- Presentations on current crime prevention topics

If you are interested in assisting the public with information and support services that will enhance personal security, prevent criminal activity, and engage Kamloops citizens in creating a greater sense of community safety, then this is the volunteer organization for you!

Date of Application: _____

Personal Information:

Surname: _____ First Name: _____

Middle Name: _____ Gender: Male Female

All other names used since birth (e.g. maiden name, married name, etc.):

Date of Birth: _____ Place of Birth (City, Country): _____

Citizenship: Canadian: Other: _____ Landed Immigrant: Yes No

Address:

Number/Street: _____

City: _____ Province: _____ Postal Code: _____

Email Address: _____

Telephone Information:

Home: _____ Work: _____ Cell: _____

Driver's Licence Information:

Licence Number: _____ Province: _____

Class: _____ Restrictions: _____

References:

Please provide two references (one professional and one personal), along with the following contact information for your references:

	Name	Relationship*	Telephone Number
1.	_____	_____	_____
2.	_____	_____	_____

* *References cannot be provided by a relative.*

Employment Status:

What is your current employment status?

Working? Yes No If yes, Full time Part time

Retired? Yes No

Shift Availability:

Please indicate your shift availability:

	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
Days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Background:

How long have you lived in Kamloops? _____

Have you ever applied to work or volunteer for any other Community Safety, Community Policing or RCMP office before?

Yes No

If yes, when and where?

Employment:

List your work history for the past 10 years. List your current or most recent job first.

	<u>Company/Organization</u>	<u>Position Title</u>	<u>Dates</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

May we call your present employer? Yes No

Education:

List your highest level achieved first.

	<u>School Attended</u>	<u>Program Completed</u>	<u>Dates</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

RCMP Criminal Record Check:

Are you willing to submit to a criminal record check? Yes No

If you have any questions concerning any of the information in this application, please contact 250-828-3818 for assistance or clarification.

Please submit this completed application, either in person or by mail, to:

City of Kamloops Community Safety
6 Seymour Street West
Kamloops BC V2C 1E1

Thank you for your time.

For Office Use

Date Application Received: _____