



VOLUNTEER APPLICATION FORM

Volunteer Service Applied For:	<input type="checkbox"/>	Victim Services	<input type="checkbox"/>	C.O.P.P.	<input type="checkbox"/>	Other (specify):
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PERSONAL DATA

Family Name		Given Names				
Address		Apt. No.		Home Telephone Number:		
City	Province	Postal Code		Business Telephone Number:		
E-mail						
Do you have a Driver's Licence?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	Class:

EDUCATION AND TRAINING

SECONDARY (Highest Level Completed)		Type of Certificate or Diploma Received:					
POST SECONDARY:							
<input type="checkbox"/>	BUSINESS TRADE OR TECHNICAL	<input type="checkbox"/>	COMMUNITY COLLEGE	<input type="checkbox"/>	UNIVERSITY	<input type="checkbox"/>	OTHER
DIPLOMA DEGREE OR CERTIFICATE	COMPLETE	INCOMPLETE	AREA OF SPECIALIZATION				
OTHER COURSES, WORKSHOPS, SEMINARS:							
PROFESSIONAL QUALIFICATIONS, LICENCES, MEMBERSHIPS							
DRIVER TRAINING	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date: _____				
CPR (BASIC RESCUER LEVEL)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date: _____				
STANDARD FIRST AID	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Expiry Date: _____				
OTHER SKILLS, INTERESTS, HOBBIES:							

GENERAL INFORMATION

ANY PREVIOUS APPLICATION FOR A POLICE APPOINTMENT WITH THE HALTON REGIONAL POLICE SERVICE? IF YES STATE DATE:	
Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH NO PARDON HAS BEEN GRANTED? IF YES GIVE DETAILS.	
Yes <input type="checkbox"/>	No <input type="checkbox"/> Date: _____

The information you give will be used in assessing your suitability to be a volunteer with the Halton Regional Police Service and is being collected under the authority of the Police Services Act, S 38, S43 or S53. Questions about this collection should be directed to Manager, Community Support Services, Halton Regional Police Service.

EMPLOYMENT HISTORY (must be completed)

#1 NAME AND ADDRESS OF EMPLOYER	YOUR TITLE
	PERIOD OF EMPLOYMENT FROM: _____ TO: _____
	DUTIES

NAME OF SUPERVISOR:

TELEPHONE:

REASON FOR LEAVING:

#2 NAME AND ADDRESS OF EMPLOYER	YOUR TITLE
	PERIOD OF EMPLOYMENT FROM: _____ TO: _____
	DUTIES

NAME OF SUPERVISOR:

TELEPHONE:

VOLUNTEER HISTORY

#1 NAME OF VOLUNTEER ORGANIZATION	YOUR DUTIES INCLUDED:
	PERIOD YOU VOLUNTEERED: FROM: _____ TO: _____

NAME OF SUPERVISOR:

TELEPHONE:

#2 NAME OF VOLUNTEER ORGANIZATION	YOUR DUTIES INCLUDED:
	PERIOD YOU VOLUNTEERED: FROM: _____ TO: _____

NAME OF SUPERVISOR:

TELEPHONE:

#3 NAME OF VOLUNTEER ORGANIZATION	YOUR DUTIES INCLUDED:
	PERIOD YOU VOLUNTEERED: FROM: _____ TO: _____

NAME OF SUPERVISOR:

TELEPHONE:

REFERENCES

NAME AND POSITION TITLE	EMPLOYED BY	ADDRESS & TELEPHONE NUMBER	

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement made throughout the entire selection process may disqualify me from volunteer work or cause my dismissal. I am aware that as an applicant to volunteer with the Halton Regional Police Service I may be required to answer questions related to age, offences, associations, etc. for the purpose of conducting a security clearance. I hereby give my consent to my fingerprints and photograph to be taken and for an investigation of any record, document or history which may be pertinent to my eligibility for volunteer services. I understand that the successful completion of any phase of the selection process does not obligate the Halton Regional Police Service in any way.

Resume Attached

(date of application)_____
(Applicant's signature)