PIB RCMP PPU 10

RCMP Volunteer Application

- All information contained in this pre-screening application, provided by the volunteer, will be protected by the Royal Canadian Mounted Police (RCMP) in accordance with applicable legislation. Information collected is used only to determine eligibility and suitability of the volunteer.
- Associated volunteer programs or activities are not operated or run by the RCMP. They operate under a formal partnership agreement with the RCMP. No RCMP employee must be supervising and/or managing volunteers or the daily operations of these programs.

KCIVIF employee in	nust be supervising	anu/or manaying	y volunteers of the daily	operations of these	piograms.				
Applicant Info	rmation								
			ou. Note: Not all progran Acceptance may be sub						
Advisory Commi	Advisory Committee Participant (Aboriginal, Community, Youth, Senior, etc.) Auxiliary Program						Community Policing		
Special Event or Seasonal Programming				Search and Rescue Program			Citizens on Patrol		
Restorative Just	ice 🗌 Youth	n Program	Watch Program	n specify:					
Chaplaincy Prog	ram 🗌 Victin	n Services	Other	specify:					
Surname			Given Names	Given Names			Date of Birth, if under 19 (yyyy-mm-dd)		
Home Address			L						
City			Provin	~		Postal Code (A9A S	200)		
City			FIOVIN	Ce			<i>5</i> 75)		
Home Tel. No. (incl.	area code)	(Cell. No. (incl. area code	e)	Business T	el. No. (incl. area code)			
Email					Valid Drive	's Licence?			
					⊖ Yes	○ No			
Languages Spoken	Englis	sh 🗌 Fi	rench Othe	rs specify:	0 103				
Languages Written		sh 🗌 Fi	rench Othe	rs specify:					
When are you availa	ble to volunteer? Pl	ease number one	e or more boxes in orde	r of preference.					
Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday		
Time	Ounday	Monday	Tuesday	Weanesday	marsday	Thuay	Catalday		
a.m.									
p.m.									
Evening									
Emergency Cor	ntact								
Name			Tel. No. 1 (incl. are	a code)	Tel. No. 2 (incl. area code)			
General Inform	nation								
should advise the RO	CMP in a timely fash	nion of the accom	free selection processes modation measures wh es will remain confidentia	ich must be taken to					
Please describe why	you would like to be	ecome a volunte	er with the RCMP and w	hat your expectation	s are. (this field expa	ands)			
Diagon describe any	voluntoor or work o	vnorionoo vou ho	we that may be relevan	t (this field average)					
Please describe any	volunteer of work e	xperience you na	ave that may be relevan	t. (this field expands)					
			obbies that may be rele	vant. You may list an	y organizations, club	s etc. to which you b	elong that you feel		
are relevant to this a	pplication (this field	expands)							



RCMP Volunteer Application

Name and contact information for present employer, if applicable. Tel. No. (incl. area code) May we contact your employer? Yes No Education Ves No Education Ves No University Ves No Completed Highest Level Obtained Others Ves No College/Institute Coal Volunteer Centre RCMP Website Family/Friend Institution fuel Name fuel Name fuel Name fuel Name Max fuel Name fuel Name fuel Name fuel Name Institution fapplicable fuel Name fuel Name fuel Name	Emp	loyment						
Education Program/Details Completed Highest Level Obtained If gh_School Yes No University Yes No College/Institute Yes No Other Yes No Media (rewspape; TV, poster, rado, etc.) Local Voluncer Centre RCMP Website Family/Friend Other Weis on may be contacted. References may be of a personal, business, educational or volunteer nature. Name of Institution, if applicable (these fields expand) Name of Institution, if applicable (these fields expand) 1. Incl. area code) (these fields expand) Name of Institution, if applicable (these fields expand) 1. Incl. area code) (these fields expand) Name of Institution, if applicable (these fields expand) 1. Incl. area code) (these fields expand) Name of Institution, if applicable (these fields expand) 1. Incl. area code) (these fields expand) Name of Institution, if applicable (these fields expand) 1. Institution in the following: Institution in the following: Institution in the following: 2. Institute	Name	and contact information f	Tel. No. (incl. area code)					
Institution Program/Details Completed Highest Level Obtained High School Yes No Universality Yes No College/Institute Yes No Other Yes No Other Yes No Opportunity Wessite Pamily/Friend Other specify: References information Eacol Volunteer Centre RCMP Website Family/Friend Other specify: References information Eacol Volunteer Centre Relationship Name of Institution, if applicable (these fields expand) Institution, if applicable (these fields expand) (these f	May w	e contact your employer	? () Yes () No)		·		
High School Yes No University Yes No College/Institute Yes No Opportunity Yes No Med (newspaper, TV, poster, radio, etc.)	Educ	ation						
College/Institute		Institution		Program/Details			ompleted Highest Level O	
College/Institute	High School					◯ Yes () No	
Cher	Univ	versity				◯ Yes () No	
Comportanity How dd you learn about our need for volunteers? Media (newspaper, TV, poster, radio, etc.) Local Volunteer Centre RCMP Website Family/Friend Cotter specify: Reference Information Reference Referen	Coll	ege/Institute				◯ Yes () No	
How did you learn about our need for volunteers? Implement of the did (newspaper, TV, poster, radio, etc.) Local Volunteer Centre RCMP Website Family/Friend Other specify: References information References information List two references who may be contacted. References may be of a personal, business, educational or volunteer nature. Neme of Institution, if applicable (these fields expand) Neme of Institution, if applicable (these fields expand) 1.	Othe	er				◯ Yes () No	
Image: Instruction Image:	Opp	ortunity						
No. Full Name (these fields expand) Telephone Number (incl. area code) Relationship (these fields expand) Name of Institution, if applicable (these fields expand) 1. 	М	edia (newspaper, TV, pos ther specify:	ster, radio, etc.)	ocal Volunteer Centre	RCMP Website			Family/Friend
No. (these fields expand) (incl. area code) (these fields expand) (these fields expand) 1. (these fields expand) (these fields expand) (these fields expand) 2. (these fields expand) (these fields expand) (these fields expand) 2. (these fields expand) (these fields expand) (these fields expand) 2. (these fields expand) (these fields expand) (these fields expand) 2. (these fields expand) (these fields expand) (these fields expand) 2. (these fields expand) (these fields expand) (these fields expand) 3. (these fields expand) (these fields expand) (these fields expand) 3. (these fields expand) (these fields expand) (these fields expand) 3. (these fields expand) (these fields expand) (these fields expand) 3. (these fields expand) (these fields expand) (these fields expand) 3. (these fields expand) (these fields expand) (these fields expand) 3. (these fields expand) (these fields expand) (these fields exp	List tw					er nature.		
2. Conditions, Release and Waiver As a volunteer, I fully understand and agree to the following: Image: Conditions, Release and Waiver 4. I will not become a member or an employee of the RCMP. Except as authorized, I will not receive any remuneration, salary, wage, payment or any employee benefit whatsoever, or be covered by Workers' Compensation benefits. • The RCMP will carry out a security screening on all volunteers, as per the guidelines set up in Treasury Board of Canada's Form TBS330-23. • Except as authorized, I will not use the RCMP's facilities and equipment or disclose or make any use of any confidential information that I received, either directly or indirectly. • I may or may not be identified as an RCMP Volunteer. • I will perform my volunteer activities in a manner consistent with the RCMP's Mission, Vision, and Values and Commitments. • My oparticipation in the program is at the discretion of the RCMP and any participation can be terminated by the RCMP at any time. Attention: Any false information given in this application will be grounds for denial, or, if accepted, immediate dismissal. Approval I, give permission to the RCMP to botain all information necessary to qualify me as a volunteer with the RCMP Volunteer Program that I am applying for. It is understood that the RCMP will have final authority in the approval or rejection of the application may net be subject to disclosure. By signing this form, I acknowledge that I have read, understand and agree to the above conditions, release and waiver. I also authorize the	No.			-	•)		
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	Applic	ant's Name		Signature		[Date (yyy	y-mm-dd)
	Cul	miccion Instructi	onc					
Please submit the completed form to your local RUNP detachment.								
	Please	e submit the completed for	orm to your local RCMP de	tachment.				