



# 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.

## Applicant Information

Please check any of the following that are of interest to you. Note: Not all programs listed may be active in your local detachment area and may be managed by an Associated Volunteer Program instead of the RCMP. Acceptance may be subject to vacancy. Please contact your local detachment for further details.

<input type="checkbox"/> Advisory Committee Participant (Aboriginal, Community, Youth, Senior, etc.)	<input type="checkbox"/> Auxiliary Program	<input type="checkbox"/> Community Policing
<input type="checkbox"/> Special Event or Seasonal Programming	<input type="checkbox"/> Search and Rescue Program	<input type="checkbox"/> Citizens on Patrol
<input type="checkbox"/> Restorative Justice	<input type="checkbox"/> Youth Program	<input type="checkbox"/> Watch Program specify:
<input type="checkbox"/> Chaplaincy Program	<input type="checkbox"/> Victim Services	<input type="checkbox"/> Other specify:

Surname	Given Names	Date of Birth, if under 19 (yyyy-mm-dd)
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Home Address

City	Province	Postal Code (A9A 9A9)
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Home Tel. No. (incl. area code)	Cell. No. (incl. area code)	Business Tel. No. (incl. area code)
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Email	Valid Driver's Licence? <input type="radio"/> Yes <input type="radio"/> No
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Languages Spoken  English  French  Others specify:

Languages Written  English  French  Others specify:

When are you available to volunteer? Please number one or more boxes in order of preference.

Time	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
a.m.							
p.m.							
Evening							

## Emergency Contact

Name	Tel. No. 1 (incl. area code)	Tel. No. 2 (incl. area code)
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## General Information

The RCMP is committed to developing inclusive, barrier-free selection processes and environments. If contacted in relation to a volunteering opportunity, you should advise the RCMP in a timely fashion of the accommodation measures which must be taken to enable you to be assessed in a fair and equitable manner. Information received relating to accommodation measures will remain confidential.

Please describe why you would like to become a volunteer with the RCMP and what your expectations are. (this field expands)

Please describe any volunteer or work experience you have that may be relevant. (this field expands)

Please describe any special skills, training, interests or hobbies that may be relevant. You may list any organizations, clubs etc. to which you belong that you feel are relevant to this application (this field expands)

## Employment

Name and contact information for present employer, if applicable.	Tel. No. (incl. area code)
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May we contact your employer?       Yes     No

## Education

Institution	Program/Details	Completed	Highest Level Obtained
High School		<input type="radio"/> Yes <input type="radio"/> No	
University		<input type="radio"/> Yes <input type="radio"/> No	
College/Institute		<input type="radio"/> Yes <input type="radio"/> No	
Other		<input type="radio"/> Yes <input type="radio"/> No	

## Opportunity

How did you learn about our need for volunteers?

Media (newspaper, TV, poster, radio, etc.)   
  Local Volunteer Centre   
  RCMP Website   
  Family/Friend  
 Other specify:

## Reference Information

List two references who may be contacted. References may be of a personal, business, educational or volunteer nature.

No.	Full Name (these fields expand)	Telephone Number (incl. area code)	Relationship (these fields expand)	Name of Institution, if applicable (these fields expand)
1.				
2.				

## Conditions, Release and Waiver

As a volunteer, I fully understand and agree to the following:

- 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 volunteer activities may involve personal risk and could result in property damage or bodily injury. Notwithstanding this acknowledgement, I hereby release the RCMP from all claims for said damage or injury resulting from my participation as a volunteer.
- My participation 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 obtain 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. This decision will be final. I may request an explanation for the decision but, depending on the circumstances, the criteria and method of arriving at the decision may not 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 RCMP to contact the references provided concerning my suitability as a volunteer. I also acknowledge I was given the opportunity to ask questions and I received satisfactory answers to these questions.

Applicant's Name	Signature	Date (yyyy-mm-dd)
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## Submission Instructions

Please submit the completed form to your local RCMP detachment.