

VOLUNTEER APPLICATION

872 EAST HASTINGS STREET, VANCOUVER, BC V6A 1R6 info@strathconacpc.ca



Name: _____
Last First Middle

Home Phone: _____

Known by / Nickname: _____

Cell Phone: _____

Gender: Male Female Other

Work Phone: _____

Address: _____
Apt. # Street City

Postal Code: _____

Student I.D. # _____

Driver's License # _____

Province of Issue: _____

DOB: _____ - _____ - _____
YYYY MM DD

Email Address: _____

Signature: _____

Date: _____

WORK/EDUCATION

Current Occupation:	Current Employer/School:
Other Volunteer Experience:	
Any Restrictions or Medical Condition?	If yes, please provide doctor name and phone #:
Hobbies and Interests:	

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SKILLS/TRAINING (Please check and provide brief description)

First Aid _____

CPR _____

Computer _____

General Office _____

Languages Indicate degree of proficiency by listing and checking off fields that apply to your knowledge:

_____ Spoken Read Written

_____ Spoken Read Written

_____ Spoken Read Written

State the reasons for your interest in volunteering and why you consider yourself to be a good candidate to work with the Strathcona Community Policing Centre

What do you expect to gain from volunteering with the Strathcona CPC?

Provide Three References

Name	Occupation/Position	Relationship	Phone

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AREAS OF INTEREST (Please check ✓ all that apply)

- Front Desk Operation: Telephone intake, Walk-in/Phone in inquiries, Clerical duties, Filing Crime Reports.
- Speed Watch
- Website / Social Media
- Bike Patrol
- Foot Patrol
- Graphics Design (Flyer, Brochure, Poster and Display Design)
- Translation: Cantonese Mandarin Vietnamese Japanese Korean
 French Spanish Others (please specify): _____
- Community Outreach Services (Crime prevention education)
- Special events (Information Booth/ Volunteer Fair)
- Senior Safety
- Writing/Editing Desktop publishing Photography
- Weekly Article Subscription (Topics: Crime Prevention and Safety Tips)
- Fundraising:
- Other areas of interest (Please specify) _____

How did you hear about Volunteer Opportunities at the Strathcona CPC?

- Go Volunteer JI Info Session Walk-In Word of Mouth
- CPC Volunteer If so, what is their name? _____

Do you have access to the internet? Yes No

Do you read your e-mail at least once a day? Yes No

Are you considering a career with a police force,
jail guard or other other law enforcement agency? Yes No

If so, which one(s) _____

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DECLARATION OF CONFIDENTIALITY

I hereby affirm that in my position as a volunteer with the Strathcona Community Policing Centre I will be handling confidential information and will not discuss this information outside of the SCPC. I will exercise due care with the information I provide to citizens. If I have questions regarding the disclosure of information to the public I will consult the Neighbourhood Police Officer or SCCPC staff.

I understand that no document is to be copied and/or removed from the Strathcona Community Policing Centre without the permission of the Neighbourhood Police Officer or SCPC staff.

Further, I agree that any knowledge gained because of my position or my presence within the CPC office or the Vancouver Police Department will remain confidential. I will exercise due care that the information I provide to others is the information they are entitled to.

I will not discuss specific facts and/or any personal data concerning victims, witnesses and other clients I serve with members of the media, private citizens or other victims or witnesses.

I understand that I cannot promise complete confidentiality to any victim or witness to whom I provide service, in that under rules of evidence, I may be subpoenaed to appear in Court and give testimony, and will advise clients of this fact.

I will not discuss my services with any member of the media or write about my experience with the Strathcona CPC without prior approval of the Neighbourhood Police Officer or Executive Director.

I have read the above "Confidentiality Affirmation" and agree to the above statements. By signing below, I hereby agree to the conditions set above. I understand that a violation of any of the above conditions may result in my dismissal as a volunteer.

Date

Applicant Signature

Strathcona CPC Policy

I understand and accept that it is the Strathcona Policing Centre's policy to not provide feedback if my application to be a volunteer is unsuccessful.

I hereby attest that the information contained in this application is true to the best of my knowledge and I agree to submit my name for a criminal record and back ground check by the Vancouver Police Department.

Print Name

Applicant Signature

Date (YY/MM/DD)