



**VOLUNTEER INVOLVEMENT BEING APPLIED FOR AND PREFERRED LOCATION:**

ADVISORY COMMITTEE \_\_\_\_\_

COMMUNITY POLICING CENTRE (please circle preferred location)

ANCASTER

OTTAWA STREET

CONCESSION STREET

FLAMBOROUGH

LANDSDALE / STINSON

ROBERT LAND

**SECTION A - PERSONAL INFORMATION (to be completed by all applicants)**

APPLICANT'S NAME \_\_\_\_\_

ARE YOU 18 YEARS OF AGE OR OLDER \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ NAME AND RELATIONSHIP \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_

DO YOU POSSESS A VALID DRIVER'S LICENCE THAT PERMITS YOU TO DRIVE AN AUTOMOBILE IN ONTARIO WITH FULL DRIVING PRIVILEGES \_\_\_\_\_ DO YOU HAVE SIX OR FEWER DEMERIT POINTS? \_\_\_\_\_

DRIVER'S LICENCE YES \_\_\_ NO \_\_\_ DEMERIT POINTS YES \_\_\_ NO \_\_\_ DO YOU HAVE ACCESS TO A CAR? \_\_\_\_\_

LANGUAGES SPOKEN \_\_\_\_\_

EMPLOYMENT EXPERIENCE (please specify current or last place of employment) \_\_\_\_\_ BUS. NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_ SUPERVISOR \_\_\_\_\_

EMPLOYMENT POSITION AND DUTIES: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

MAY THIS EMPLOYER BE CONTACTED YES \_\_\_ NO \_\_\_



**PLEASE INDICATE YOUR PARTICULAR SKILLS/INTERESTS/HOBBIES/TRAINING AND HOW EACH WOULD BE HELPFUL IN YOUR ROLE AS A VOLUNTEER. (Mark "S" for skill, and "I" for interest)**

SOCIAL WORK      COMMITTEE WORK      PSYCHOLOGY      SOCIAL INTERATION

MEDICAL BACKGROUND (specify) \_\_\_\_\_

DEGREES OR DIPLOMAS (specify) \_\_\_\_\_

LICENCES OR MEMBERSHIPS (specify) \_\_\_\_\_

EDUCATION BACKGROUND (specify) \_\_\_\_\_

EMPLOYMENT BACKGROUND (specify) \_\_\_\_\_

OTHER (specify) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**WOULD YOU FORESEE ANY DIFFICULTY WITH ANY OF THE FOLLOWING:**

- |    |  |     |               |
|----|--|-----|---------------|
| A) | REGULAR ATTENDANCE OF TRAINING SESSIONS  | YES |               |
|    |  | NO  | (explanation) |
| B) | A TIME COMMITMENT OF LEAST 8 HOURS PER MONTH<br>(applicable to community policing centres) | YES |               |
|    |  | NO  | (explanation) |
| C) | PARTICIPATION AT POLICE WEEK IN MAY?   | YES |               |
|    |  | NO  | (explanation) |
| D) | PARTICIPATION IN ONGOING TRAINING EVENTS?  | YES |               |
|    |  | NO  | (explanation) |
| E) | PARTICIPATION IN FUNDRAISING EVENTS?   | YES |               |
|    |  | NO  | (explanation) |

This space can be used for additional comments where insufficient room has been left on other pages of this form.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION B****Section B is to be completed by ALL APPLICANTS**

- 1) PLEASE USE THIS SPACE TO PROVIDE ANY BACKGROUND INFORMATION YOU MAY WISH TO ADD WHICH HAS NOT BEEN COVERED IN THE APPLICATION FORM, WHICH MAY ASSIST US IN PROCESSING YOUR APPLICATION. (**Applicants may attach resume – resume should not refer to any prohibited ground of discrimination, i.e. ancestry, place of origin, citizenship, creed, sex, sexual orientation, age, colour, ethnic origin, record of offences, marital status, family status, or handicap**).

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- 2) HOW DID YOU FIRST LEARN ABOUT A VOLUNTEER OPPORTUNITY WITH THE HAMILTON POLICE SERVICE?

Personal Contact

Media

School

Volunteer Centre

Other (please specify)

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**PLEASE READ CAREFULLY**

Acceptance of Applicants will be subject to the following conditions:

- 1) Applicants must be 18 years of age or older
- 2) Applicants must submit to police records background security check
- 3) Applicants must attend at least one personal interview
- 4) Applicants must be prepared to attend and complete training to the satisfaction of the Hamilton Police Service
- 5) Applicants must attend volunteer position, as requested.

**Declaration & Authorization:**

All statements and information contained on this Application, or attached to it, are true and complete to the best of my knowledge. I understand that any misstatement of fact is grounds for disqualification of my Application and may be cause for termination of the relationship between myself and the Hamilton Police Service. I authorize the Hamilton Police Service to make such enquiries respecting information provided as is deemed necessary.

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Signature of Applicant

Personal information collected on this form is collected under authority of the Police Services Act, s.38, and will be used to identify and assess candidacy for volunteer positions with the Hamilton Police Service. Any questions should be directed to the Manager of Human Resources, Hamilton Police Service, 155 King William Street, P.O. Box 1060, LCD 1, Hamilton, Ontario, L8N 4C1; Telephone: (905) 546-3862. 130664 OCT11



**AUTHORIZATION FOR RELEASE OF INFORMATION (VOLUNTEER)**

I, \_\_\_\_\_, hereby authorize any physician, employer,

(Please Print)

organization, agency or person to whom a signed copy of this Authorization, or a photocopy thereof, is delivered, to provide personal information about me, including any information, opinion, report, record, note, or copy of same, which is requested by a representative of the Hamilton Police Service (HPS) in connection with the conduct with the background investigation relating to my application for a volunteer position with the HPS, including but not limited to the following:

- Academic records and transcripts
- Character and other references
- Employment Records, [including performance evaluations, discipline and attendance information]
- Other \_\_\_\_\_
- Physical, psychological, visual, aptitude and other employment-related information

I agree to **WAIVE** any right of action against any person or institution which may provide information or opinions in compliance with this Authorization.

I understand that this information will be used to assess my qualifications and suitability in relation to my application for a volunteer position. I consent to the collection, use and examination by the HPS of all information compiled about me in the course of my application. I understand that personal information about me that is obtained during the selection process may be disclosed for the purpose for which it was obtained or for a consistent purpose.

I hereby **ACKNOWLEDGE AND DECLARE** that the terms of this Authorization for Release of Information are fully understood by me.

\_\_\_\_\_  
Witness (Signature)

\_\_\_\_\_  
Applicant (Signature)

\_\_\_\_\_  
Name of Witness (Please Print)

Date: \_\_\_\_\_

Address of Witness: \_\_\_\_\_

Personal information contained on this form and listed above is collected pursuant to s. 38 of the Police Services Act and is collected for the purpose of assessing suitability as a volunteer with the Hamilton Police Service. Questions concerning this collection should be directed to the Manager of Human Resources, Hamilton Police Service, 155 King William Street, P.O. Box 1060, LCD 1, Hamilton, Ontario L8N 4C1; Telephone (905) 546-3862.

# BACKGROUND SECURITY CHECK

Volunteer applicants are required to consent to a personal background security check and to obtain the consent of relatives and other persons with whom they reside who are not relatives to the conduct of a background security check. Please list all relatives, including spouse, children, parents, siblings, stepparents and siblings, in-laws, and former spouses, if applicable, and all non-relatives who reside at the same residence at which you reside.

Volunteer Applicant Surname	Given 1	Given 2	Birthdate (Yr./Mo./Dy.)
[REDACTED]			

Surname	Given Name(s)	Relationship	Birthdate (Yr./Mo./Dy.)
Address			

Surname	Given Name(s)	Relationship	Birthdate (Yr./Mo./Dy.)
Address			

Surname	Given Name(s)	Relationship	Birthdate (Yr./Mo./Dy.)
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Address			
Surname	Given Name(s)	Relationship	Birthdate (Yr./Mo./Dy.)
Address			
Surname	Given Name(s)	Relationship	Birthdate (Yr./Mo./Dy.)
Address			

**NOTE:** If any party listed has used a surname or given name other than the one provided, please give details below.

Name

Changed from \_\_\_\_\_

Changed to \_\_\_\_\_ Date of Change \_\_\_\_\_

Name

Changed from \_\_\_\_\_

Changed to \_\_\_\_\_ Date of Change \_\_\_\_\_

**NOTE:** Each party listed will be required to complete a "Consent to Disclosure of Personal Information" form prior to the background security check being conducted.

**DECLARATION**

The information provided above is correct to the best of my knowledge and ability. I understand that any misrepresentation or misstatement of fact may disqualify me from participating as a volunteer with the Hamilton Police Service and may be cause for the termination of my relationship as a volunteer with the Police Service, if that relationship has already resumed.

Applicant signature	Witness signature	Date
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Personal information contained on this form is collected pursuant to the Police Services Act (s.38) for the purpose of assessing suitability and qualification for participation in the Hamilton Police Service Volunteer Program. Questions concerning this collection should be directed to the Manager, Human Resources Section, Hamilton Police Service, 155 King William Street, Hamilton, Ontario, L8N 4C1; Phone: (905) 546-3862.

**SECTION C****Section B is to be completed by ALL APPLICANTS**

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Personal Contact                      Media                      School                      Volunteer Centre                      Other (please specify)

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\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Signature of Applicant

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