



**Vancouver Aboriginal Community Policing Centre**

1719 Franklin St, Vancouver, BC V5L 1P6

<b>Volunteer Application Form</b>							
<b>APPLICANT INFORMATION</b>							
Name	Given Names			Last Names			
Ancestry	Are you of Indigenous ancestry?			Which Tribe or Nation?			
Address	Street address						
	Province			Postal Code			
Contact Info	Home phone			Cell phone			
	Work phone			E-mail			
Have you ever lived outside of the Lower Mainland?				Yes      No			
If yes, where and when?							
<b>GENERAL INFORMATION</b>							
Current Occupation				Current Employer/ School			
Other Volunteer Experience							
Additional Information							
Do you have any physical or mental health concerns that we should know about to better support you as a volunteer?							
How did you hear about the VACPC?							
Why do you want to volunteer with the VACPC?							
What do you expect to gain from volunteering with us?							
<b>AVAILABILITY</b>							
Start Date:				How many hours per month:			
(Please <input checked="" type="checkbox"/> )	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

<b>SKILLS/ TRAINING (Please check and provide a brief description)</b>		
	<input checked="" type="checkbox"/>	Description
First Aid		
CPR		
Hospitality		
Computer		
General Office		
Cultural Knowledge		
Facilitation		
Workshops		
Other Skills or Training		
Language		

Please <input checked="" type="checkbox"/> all areas where you may be interested in helping:			
Staffing the Community Policing Centre		Researching	
Community Programs		Assisting with advertising/ publicity	
Newsletter: Writing/ Editing Interviewing		Assisting with social media	
Fundraising		Desktop Publishing	
Organizing events and activities		Website	
Bike Patrol		Professional advice (i.e. legal or accounting)	
Photography		Special Events	
Serving on the Board of Directors		Community Clean-ups	
Cultural Activities		Outreach	
Delivering notices and flyers		Business Safety	
Foot Patrol		Elder Support	
Driver		Speed Watch	
Other areas of interest			

<b>REFERENCES</b> - Please do not include relatives			
Name	Occupation/ Position	Relationship	Phone

\* Please provide a copy of your photo ID with this application. Copies can be made at the VACPC office.

I hereby attest that the above information is true to the best of my knowledge and I agree to submit my name to a security and criminal record check by the Vancouver Police Department.

I understand and accept that it is the Vancouver Aboriginal Community Policing Centre's policy to not provide feedback if my application to become a volunteer is not successful.

Applicant Signature

Date

Parent's / Guardian's Signature (for volunteers under nineteen years of age)

Date

**EMERGENCY CONTACT**

Name

First Name

Last name

Relationship to applicant

Address

Street

Province

Postal code

Contact

Home phone

Work phone

Cell phone

**CONFIDENTIALITY AGREEMENT**

(Please read this agreement and sign below.)

I hereby affirm that in my position as a volunteer with Vancouver Aboriginal Community Policing Centre I will be handling confidential information. 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 with the Aboriginal Liaison Constable or the Coordinator.

I understand that no document is to be copied and/or removed from the Vancouver Aboriginal Community Policing Centre without the permission of the Liaison Constable or the Coordinator.

I will not discuss specific facts and/or personal data concerning victims and witnesses and any 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 without prior approval of the Liaison Constable or the Coordinator, If I want to write about my experiences with the Vancouver Aboriginal Community Policing Centre, I will seek permission from the Liaison Constable or the Coordinator.

I have read the above "Confidentiality Agreement" and agree to the above statements.

NAME

SIGNATURE

DATE