



Vancouver Aboriginal Community Policing Centre
 1719 Franklin St, Vancouver, BC V5L 1P6

Volunteer Application Form

APPLICANT INFORMATION

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
How long have you lived in the Lower Mainland?		

GENERAL INFORMATION

Current Occupation	Current Employer/ School
Other Volunteer Experience	
Additional Information	
<input type="checkbox"/> First Aid <input type="checkbox"/> CPR <input type="checkbox"/> Naloxone	When/Where were you certified?
Do you have any physical or mental health concerns that we should know about to better support you as a volunteer?	

AVAILABILITY

Start Date:	How many hours per month:						
(Please <input checked="" type="checkbox"/>)	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning							
Afternoon							
Evening							

AREAS OF INTEREST

Please all areas where you may be interested in helping:

Cultural Outreach		Assisting with advertising/ publicity	
Special Events		Research	
Office Duties		Community Clean-Ups/ Graffiti	
Website/ Social Media		Speed Watch	
Board of Directors		Bike/Foot Patrol	

Other Areas of Interest:

APPLICANT PROFILE

How did you hear about the VACPC?

Why do you want to volunteer with the VACPC and why do you consider yourself a good candidate?

What do you expect to gain from volunteering with us?

***If you for Board of Directors, why do you want to be a Board member with the VACPC?**

REFERENCES - Please do not include relatives

Name	Occupation/ Position	Relationship	Phone

EMERGENCY CONTACT

First Name

Last Name

Relationship to Applicant

Address

Province

Postal Code

Home Phone

Cell phone

Work Phone

CONFIDENTIALITY CONSENT- Please read and sign below

By signing this form and consenting for a record check and disclosure, I hereby authorize the Vancouver Police Department to inquire and determine whether or not I have ever been investigated, charged or convicted of a criminal offence. I further authorize the department to obtain a full complete disclosure of all facts uncovered.

I understand that my acceptance as a volunteer and involvement with this community police centre will be at the sole discretion of the VACPC, in consultation with the Aboriginal Liaison Constable.

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 VACPC staff.

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 VACPC staff.

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 will not discuss my services with any member of the media without prior approval of the Liaison Constable or VACPC staff. 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 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 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 have read the above "Confidentiality Agreement" and agree to the above statements.

Name

Applicant Signature

Date

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

Date

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

OFFICE USE ONLY			
Activity	Date Completed (YY/MM/DD)	Completed by (Initials)	Notes
Application Received			
Interview			
Reference #1 Checks			
Reference #2 Checks			
Reference # 3 Checks			
Record Check			
Application Notified			
Applicant Start Date			Applicant End Date
Other:			