



COQUITLAM RCMP VOLUNTEER APPLICATION

All information contained in this pre-screening application, provided by the applicant 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 applicant.

In-person submission: 2986 Guildford Way, Coquitlam. Bring valid government issued identification.
Electronic submission: Coquitlam_Volunteer_Recruitment@rcmp-grc.gc.ca. An actual-size, colour scan or photo of your valid government issued identification must be included.

Pre-screening Questionnaire: (Required to process application)

Are you a Canadian Citizen or Permanent Resident? Citizen PR None

Have you been in Canada for at least 5 years? Yes No

In the past 5 years, have you been outside of Canada for a continuous 6 months or more? Yes No

Applicant Information

Please check any of the following programs that are of interest to you. Please note the required minimum commitment.

These programs require 5 hours per month. These programs require 4 shifts, which equals to 8-16 hours per month.

- Citizens Crime Watch
- Tri-Cities Speed Watch

- Coquitlam Community Police Office – Internal/Office
- Coquitlam Community Police Office – External/Patrol
- Port Coquitlam Community Police Office – Internal/Office
- Port Coquitlam Community Police Office – External/Patrols

*Block Watch *separate application

Last Name		First and Second Name(s)					
Home Address		City		Province		Postal Code	
Home Telephone No.	Cellular Telephone No.	Business Telephone No.			Valid Class 5 (minimum) Driver's License?		
					<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Date of Birth (Year-month-day)		E-mail					
Emergency Contact		Telephone No.			Alternate Telephone No.		
Languages Spoken							
English <input type="checkbox"/>		French <input type="checkbox"/>		Other (Specify) <input type="checkbox"/> _____			
Languages Written							
English <input type="checkbox"/>		French <input type="checkbox"/>		Other (Specify) <input type="checkbox"/> _____			
When are you able to volunteer? Please number one or more boxes in order of preference.							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Reference Information

List two references who may be contacted. References may be of a personal, business, educational, or volunteer nature (no relatives).

Name	Telephone No.	Relationship	Name of institution *if applicable

Employment Contact *If Applicable

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May we contact your employer? Yes No

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.

Please describe any volunteer or work experience you have that may be relevant.

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

Education

High School	Program	Completed (If no, indicate highest level obtained) <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No
Post Secondary	Program	Completed (If no, indicate highest level obtained) <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No
Other	Program	Completed (If no, indicate highest level obtained) <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No

Conditions, Release and Waiver

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

- The RCMP will carry out a security screening to a level and degree as required by my volunteer position and activities. I may be required to provide additional information to facilitate this security screening.
- I will respect and be guided by the expectations found in the Values and Ethics Code of the Public Sector, the RCMP Organizational Values and Ethics Code, and Conflict of Interest.
- My participation in any and all RCMP volunteer programs and activities is at the discretion of the RCMP and the RCMP can terminate my participation at any time.

Attention: Any false information given in this application will be grounds for denial, or, if accepted, immediate dismissal.

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 a 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 acknowledge I was given the opportunity to ask questions and received satisfactory answers to these questions.

Signature of applicant

Date

Applicants under age 19 must also complete Form ED5272