



COBOURG POLICE SERVICE
COMMUNITY POLICING VOLUNTEER
APPLICATION FORM

Personal Information

First Name	Last Name	Middle
Address		
Apt	City	Postal Code
Phone Home	Cell	Other
Date of Birth	Day	Month Year
Email Address		
Driver's Licence Number		

Emergency Contact Information

First Name	Last Name	Relationship
Phone Home	Cell	Other

Volunteer Experience

Organization	Position/Duties	From (mm/yy) To (mm/yy)

Have you ever been charged with a Criminal Code Offence?	Yes	No
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If Yes, please explain:

Have you ever been convicted of an offence under the Provincial Offences Act? (Highway Traffic Act, Liquor Licence Act, Trespass to Property Act etc.)	Yes	No
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If Yes, please explain:

Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Months Available

Jan	Feb	Mar	Apr	May	Jun
Jul	Aug	Sep	Oct	Nov	Dec

Areas of Interest (Circle all that apply)

Front Counter	Beach Trailer	School Programs	Parades and Events
<ul style="list-style-type: none"> • General enquiries • Accept Police Check Applications • Telephone • Cash register 	<ul style="list-style-type: none"> • Cobourg Police ambassadors • Lost & found property • Missing children • Distribute printed material to the public 	<ul style="list-style-type: none"> • Operation Lifesaver • Fingerprinting • Classroom Presentation • Child Safety programs 	<ul style="list-style-type: none"> • Canada Day • Santa Claus Parade • Christmas Magic • Police Week • Auto Theft Program

Please list any experience, skills and/or hobbies that would benefit our volunteer program.

I hereby declare that the foregoing information is true and complete. I understand that a false statement may disqualify me from further consideration as a volunteer or result in dismissal should I be appointed as a volunteer. I hereby consent to have a background investigation conducted in conjunction with my application for the position of Volunteer.

Applicant Signature	Date
Witness Signature	Date

- Submit two pieces of government issued photo identification for copying upon submission
- Must be at least 18 years of age
- Pass a criminal record check
- Attend all training sessions

Thank you for expressing an interest in becoming a volunteer with the Cobourg Police Service. Only successful applicants will be contacted. If you are not contacted, we thank you at this time for applying.

Please contact the Volunteer Desk at 905-372-6821 extension 2283 with any questions.

**COBOURG POLICE SERVICE
WAIVER FOR THE COLLECTION OF PERSONAL INFORMATION
FROM OTHER THAN THE INDIVIDUAL CONCERNED S29(i) (a) MFIPPA**

I, _____

(Please print name)

authorize the Cobourg Police Service to collect personal information concerning me including academic records; employment history including disciplinary records; medical, physical, and/or financial information; character, police contact, driver record information, and criminal record data from sources other than me.

This information is to be used for the purpose of assessing suitability as a volunteer with the Cobourg Police Service.

I further authorize the release of this information to the Cobourg Police Service by the person(s) or organization(s) who possess it.

Signed: _____ Date: _____

Witness: _____ Date: _____

NOTICE: The personal information listed above is being collected under the authority of the Police Service Act, S 38, S 48, S 53, for the purpose of assessing your suitability as a volunteer with the Cobourg Police Service.

Any questions about this collection should be directed to:

Cobourg Police Service
Information & Privacy Coordinator
905-372-6821 ext. 2255

**CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE
FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

This form is to be used by a person applying for a position with a person or organization for the well being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Consent:

I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for any of the sexual offences that are listed in the schedule to the Criminal Records Act.

I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Solicitor General of Canada who then may disclose all or part of the information contained in that record to a police service or other authorized body who will then disclose that information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above who requested the verification, that information will be disclosed to that person or organization.

Signature: _____ Date: _____