## **Criminal Justice Volunteer - no fee SAANICH POLICE**

<u>Criminal History Consent Form (Individual Clearance)</u>

## Applicant must provide a picture of valid photo ID with this application form

Received by:		Date:	_		
Type of ID:		ID#	_	<b>~ ~</b>	v
Full Name of An	nlicant:				
	(Surnan	ne)	(Full Given Nar	mes)	
Address:	·	Previous Add	ress (if less than 5 years)		
Date of Birth:				Sex:	M
`	YY MM DD applicable)	•	. Drivers Licence #		F
Saanich Police requi		nce be conducted on all ap	l, as such, must be of good cheplicants including all immed		
of, charged with, or by way of a fingerpr	convicted of a Criminal (int comparison. This is a	Code or related Federal St	PIRS, CPIC, RMS) to determatute offence. (NB Verification indication that a record may ect this application.	ion regarding a crimina	l record can only be
All residents age	ed 12 years and olde	r:	(Applican (Typing y	t's signature) our name constitutes a	signature)
	h Police to make the nece		has applied to become ackground in order to determ		
Last Name:		First Name: _		Middle Name:	
Maiden Name: _		Date of Birth: (YY/I	MM/DD)	Place of Birth:	
Sex: M F	BC Drivers L	icence #:	Signature:		
Last Name:		First Name: _		Middle Name:	
Maiden Name: _		Date of Birth: (YY/	MM/DD)	Place of Birth:	
Sex: M F	BC Drivers Li	cence #:	Signature:		
Last Name:		First Name: _		Middle Name:	
Maiden Name: _		Date of Birth: (YY/	MM/DD)	Place of Birth:	
Sex: M F	BC Drivers L	icence #:	Signature:		
This information is of the <i>Local Governme Information and Pro</i> Privacy Coordinator	collected for the administ nt Act. This information otection of Privacy Act. Seat (250) 475-4307  POI  ral Repository for Crimin  Based on the	has been collected, and we hould you have any quest LICE USE ONLY - REST all Records for Canada in information received, then	on.  Cunctions of the District of the control of the libe used and maintained, in ons about the above please control of the libe above name and birthdate e is no criminal record identice.	accordance with the <u>F</u> ontact the Saanich Police <b>K</b> e and in this Police Dep	reedom of ce Information and artment's own
_	by fingerprint  There may or comparison.	•	ord in existence. Information	n can only be confirmed	d by fingerprint
Date	companson.				
			Signature, Saanich Police		

Community Liaison 760 Vernon Avenue, Victoria, BC V8X 2W6 (250) 475-4321



Personal information requested on this form is being collected pursuant to the Freedom of Information and Protection of Privacy Act and under the Police Services Act to determine your eligibility for volunteering with the Saanich Police Department.

## SAANICH POLICE VOLUNTEER APPLICATION FORM 2022/2023

## APPLICANT INFORMATION

ATTEICANT INFORMATION	Application Date:
	Application Date: (Deadline: 14/10/2022)
Surname:	Given Names:
Address:	
Date of Birth:	Postal Code:
If at present address for less than 5 year	
Home Phone:	Cell/Business Phone:
Email Address:	(This is how we contact you, please ensure it's correct)
Drivers License #:	(This is how we contact you, please ensure it's correct)  Province of Issue:
Class (Learner, Novice, Class 5 etc):	Expiry:
	e a Certified Abstract of their Driving Record records). Applicants are required to return this e of your picture ID attached to
and lifestyle are areas that may be scraccurately, completely, and honestly.	nteer position with the Saanich Police, your honesty, integrit rutinized closely. It is expected that you answer all question. Deceit, dishonesty, or non-disclosure concerning questions talifying you from this and any further competitions.
EDUCATION AND TRAINING Secondary Education:	
	Location (City, Province): to (Month/Year):

Pos	t-Secondary Education:	
Fron Cou Cre	m (Month/Year): urse or Program Completed: dits/Diplomas/Degree Attained:	Location (City, Province): to (Month/Year):  ou have taken within the last three years:
EM	<u> IPLOYMENT HISTORY</u> - Start w	vith your most recent employer – or include resume
1)	From (Month/Year)	to (Month/Year):
	Employer's Name and Address: _	
	Employer's Phone Number:	Job Title/Position:
2)	From (Month/Year):	to (Month/Year):
	Employer's Name and Address: _	
	Employer's Phone Number:	Job Title/Position:
(Us	se Extra Sheet If Required)	
<u>vo</u>	DLUNTEER EXPERIENCE	
	ase list and describe any previous vo	lunteer experience you have had (include organization, luties):
GE	ENERAL INFORMATION	
	List any clubs, groups, organization	s or teams that you belong to:

2) Are you pr	oficient in any lan	guage other tha	an English? If so, j	please specify:
3) List your h	obbies, recreation	al activities, or	special interests:	
4) Please list a	any special skills t	that you posses	s (i.e. typing, com	iputers, first aid):
•	thing to your person	onal use withou	_	nd? (Drug use, theft, fraud, ssault, etc.) If yes, please
	uate, and circumst			
6) Do you cur groups who we	rrently associate were engaged in <b>cri</b>	rith, or have yo	-	ciated with individuals or vide place, date, and
6) Do you curgroups who we circumstances:  7) Have you erecorded? (Wit	rrently associate were engaged in <b>crin</b>	with the police	If yes, please pro	
6) Do you curgroups who we circumstances:  7) Have you erecorded? (Wit occurred: (Place)	ever had dealings values, complainant tee, date, circumstant	with the police t, suspect, etc.)	where information Please describe earlys, Thursdays and	vide place, date, and n about you was taken down or
6) Do you curgroups who we circumstances:  7) Have you erecorded? (Wit occurred: (Place)	ever had dealings vaness, complainant ce, date, circumstant may also require vanes	with the police t, suspect, etc.)	where information Please describe earlys, Thursdays and	n about you was taken down or ach incident where this has  I Fridays from 3:30-7:30 pm.

	ase list one work (or school) reference, one personal reference, and one
·	r choice. (Do Not Use Relatives)
) Name:	Address:
Phone #:	Occupation:
) Name:	Address:
	Address: Occupation:
Phone #:	
Phone #:	Occupation:
Phone #:	Occupation:   Address:   Occupation:   Occupation: