

Nanaimo RCMP  
Community Policing  
Volunteer Application Form

Which Community Policing Office or programs are you interested in joining?

COMMUNITY POLICE OFFICES:           Downtown            Cedar            Oliver Woods   
COMMUNITY PROGRAM:                Home Security Survey Team    Speed Watch   
Citizens on Patrol (COPS)    Block Watch    Harbour Watch

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Known/Preferred to be called: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Permanent  
Address: \_\_\_\_\_  
          Apt.       Street                           City                           Postal Code

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Can we contact you at work?   yes  no

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                  Year       Month       Day

Do you hold a valid British Columbia Drivers License: yes  no

Driver's Licence # \_\_\_\_\_

Spouse's Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Middle \_\_\_\_\_

Spouse's DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
                  Year       Month       Day

List any special skills (i.e. typing, computers, first aid, and previous  
community policing experience)

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.....(OVER)

Indicate which times you can volunteer.

Morning                       afternoon                       evening     weekend   
8:00 - 12:00                       12:00 - 16:00                       16:00 -20:00

Please give a brief explanation as to why you wish to become a volunteer with a Community Policing program?

Are you willing to make a one year commitment?                      Yes                       No   
Are you willing to volunteer a minimum of four hours per week? Yes                       No   
Are you willing to participate in training sessions and monthly general meetings?                      Yes                       No   
Are you willing to occasionally work outside the office in the community?                      Yes                       No   
Are you available on short notice?                      Yes                       No   
Have you ever been charged with a Criminal Offence?                      Yes                       No

I, \_\_\_\_\_, give my permission to the Nanaimo RCMP to obtain any information necessary to qualify me as a volunteer with a Community Policing program. It is understood that the Nanaimo RCMP will have final authorization in the approval or rejection of the application and whose decision, or criteria or methods of arriving at a decision will not be questioned, or objected to by myself and that I will bear no grievance against the RCMP nor the City of Nanaimo in this respect. I affirm that the information that I have provided is true to the best of my skill and knowledge.

I understand that I may be released by the RCMP from my volunteer duties at any time.  
Yes                       No

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPROVED SIGNATURE

\_\_\_\_\_  
DATE

RETURN APPLICATION TO:

NANAIMO RCMP DETACHMENT  
ATTN: CPS  
303 PRIDEAUX STREET  
NANAIMO, B.C. V9R 2N3

OLIVER WOODS COMMUNITY POLICE OFFICE  
ATTN: COMMUNITY POLICING COORDINATOR  
6000 OLIVER ROAD,  
NANAIMO, B.C. V9T 6T6

Updated: July 10, 2009