

MISSION CRIME PREVENTION VOLUNTEER APPLICATION



(Please complete each section)

PERSONAL INFORMATION

Surname _____ First _____ Middle _____ Maiden Name _____
Other Names: _____ Date of Birth yr _____ mm _____ dd _____
Address _____ Postal Code _____
Phone # (incl. area code) _____
Email Address _____
Full Name of Spouse/Cohabitant _____
Contact Phone # _____

OTHER INFORMATION

How long have you been a resident of the Mission/Abbotsford area? _____
Previous Address _____ From _____ To _____
(past 5 years) _____ From _____ To _____
Do you have access to a vehicle? Yes ___ No ___
Do you have a Drivers License? Yes ___ No ___ License # _____

APPLICANT EMPLOYMENT INFORMATION

Are you currently employed? Yes ___ No ___ F/T ___ P/T ___ What days? _____ Hours? _____
If un-employed, will you be looking for work? _____ F/T ___ P/T ___
Name of Employer _____ Position _____
Address _____ Phone # _____
Past Employer/s _____ Position _____ How long _____
May we contact your current and past employer(s)? Yes ___ No ___
Are you currently attending School? Yes ___ No ___
Have you completed High School? Yes ___ No ___
Have you obtained or are you currently enrolled in a Post-Secondary Program? Yes ___ No ___
Program/s: _____

SKILLS/EXPERIENCE

Do you have any special skills (i.e. Radio operation, first aid, computer skills)? _____

What languages do you speak, write and understand. _____

Do you have any previous volunteer experience? Yes ___ No ___ Explain: _____

Please list two references which are professional, educational or volunteer related:

Name _____

Name _____

Phone # _____

Phone # _____

Relationship _____

Relationship _____

Please indicate areas/programs of interest: _____

PROGRAM EXPECTATIONS

- **Over 19 years of age (16 – 18 yrs may be accepted with parental/guardian signature)**
- **Able to obtain and maintain a security clearance**
- **Commitment to a minimum number of shifts per month**
- **Ability to work with the public and other volunteers**
- **Good driving record**
- **Attend regularly scheduled meetings and events**

Are you prepared to commit to a minimum of one year at the **Crime Prevention Office**? Yes ___ No ___

Why do you wish to volunteer with the Mission **Crime Prevention Office**? _____

How did you learn about the volunteering opportunity at the **Mission Crime Prevention Office**?

Have you ever been convicted of a criminal offence for which you have not been granted a Records Suspension (formally known as a Pardon)? Yes ___ No ___ Provide year: _____

Are you prepared to undergo an RCMP Security Clearance? Yes ___ No ___

ATTENTION: Any false information on this application may be grounds for rejection.

Please submit application, resume, and cover letter in person or via mail/email to:

MISSION CRIME PREVENTION OFFICE

33131 First Ave

Mission, B.C. V2V 1G5

Phone: (604) 820-2722

Email: Mission_cpo@rcmp-grc.gc.ca

Attention: Rimmi Purewal