

Oceanside Community Safety Volunteer Application Form

Surname	Given Name(s)	
Home Address	City	
Postal Code	Home Phone	Cell Phone
Email	Date of Birth (YYYY/MM/DD)	
Driver's License Number	Employer	
Language(s) Spoken	Language(s) Written	
Emergency Contact Name		
Emergency Phone	Emergency Cell	

OFFICE PROCEDURE:

- Take a copy of the application
- Notify the HR Director of the application
- Place the copy of the application in the HR Director's file
- Advise applicant they will be contacted for an interview by the HR Director

Please List Skills, Training and Hobbies: eg: photography, office administration, computers, public relations, public engagement.

**Please check any and/or all of the following that are of interest to you
We ask a commitment of a minimum 48 hours a year, which is 4 hours per month on average.**

<input type="checkbox"/> Community Events	<input type="checkbox"/> Bike Registration Clinics
<input type="checkbox"/> Community Office (Parksville)	<input type="checkbox"/> Child Car Seat Clinics
<input type="checkbox"/> Community Office (Qualicum Beach)	<input type="checkbox"/> Community Watch (Bike Patrol)
<input type="checkbox"/> Speed Watch	<input type="checkbox"/> Community Watch (Foot Patrol)
<input type="checkbox"/> Block Watch (Captain)	<input type="checkbox"/> Community Watch (Vehicle Patrol)
<input type="checkbox"/> Block Watch (Co-Captain)	

As an applicant for a volunteer program, I understand that the program demands that every person living at the same residence be of good character and not be suspected of charges with, or convicted of a criminal offence. I hereby authorize the RCMP to make such investigation as they deem necessary to determine approval or disapproval of this application. I also agree that at any time my application may be re-assessed and if any violation is detected, my volunteer membership may be revoked.

Signed: _____

Date: _____

RCMP: DO NOT ACCEPT APPLICATION UNLESS SIGNED BELOW BY THE HR DIRECTOR

For Oceanside Community Safety use only:

Date Received: _____ Date Approved: _____ Approved by: _____

For RCMP Office use only:

Date Received: _____ Date Approved: _____ Approved by: _____