WHITE ROCK R.C.M.P. COMMUNITY POLICING VOLUNTEER APPLICATION

Surname:		Given Names	·		
Date of B	irth:/				
Yr. Mo. Day Home Address: City:		City:	Postal Code		
	time at this address:				
Business _	Cellular:		E-Mail		
B.C. Drivers License #: Driving		Experience:	years		
Employer	:		Full Time	Part Time	
Type of Employment:			Length of Employment:		
May we contact your employer Supervisor's Name:			Phone #		
EDUCA	TION AND RELATED TRAININ	IG:			
High Scho	ool Grade: College / Uı	niversity:			
Volunteer	Experience:				
Have you	applied to or participated in other C	Community Policin	g Programs?		
If so, whe	re & when?				
What Con	nmunity Policing programs are you	interested in and v	vhy do you wish to	become involved?	
What are	your personal expectations of volun	teering with the R	C.M.P.?		
life. (Exp	e been any incidents, either positive lain)				
Are you w	villing to volunteer eight (8) hours p	per month (approx.	100 hours annually) and remain with the program a	
	of one year?Will you				
List any o	rganizations, clubs or civic groups t	to which you belon	ıg:		
	ersonal and one business, education each, if possible.	nal or volunteer rel	ated reference and	attach a reference	
Personal:	Name:		Phone #_		
	Relationship:				
Business:	Name:		Phone #_		
	Business Name:		Relations	hip:	
necessary R.C.M.P. criteria an	to qualify me as a volunteer with the will have final authority in the apprenance of arriving at such a decision this respect.	ne White Rock Cor coval or rejection o	nmunity Policing F f the application, a	Program. It is understood that the nd that said decision, and the	
Signature of Applicant			Date Signed		

ATTENTION: Any false information given in this application will be grounds for denial or, if accepted, immediate dismissal.