



SECTION A - PERSONAL INFORMATION (to be completed by ALL APPLICANTS)

APPLICANT'S NAME (LAST, GIVEN)		ARE YOU 18 YEARS OF AGE OR OLDER?	YES <input type="checkbox"/>
			NO <input type="checkbox"/>
ADDRESS - STREET (NUMBER AND NAME)		APT/UNIT #	
CITY	PROVINCE	POSTAL CODE	
TELEPHONE NUMBER		EMAIL ADDRESS	
EMERGENCY CONTACT - NAME & RELATIONSHIP		PHONE NUMBER	

LANGUAGES SPOKEN: (please list)

DO YOU POSSESS A VALID DRIVER'S LICENCE THAT PERMITS YOU TO DRIVE AN AUTOMOBILE IN ONTARIO WITH FULL DRIVING PRIVILAGES?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>
DO YOU HAVE SIX(6) OR FEWER DEMERIT POINTS?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>
DO YOU HAVE ACCESS TO A VEHICLE?	YES <input type="checkbox"/>
	NO <input type="checkbox"/>

EDUCATION HISTORY

SECONDARY	COLLEGE/UNIVERSITY	DEGREE/CERTIFICATE OBTAINED (please specify)
YES <input type="checkbox"/>	YES <input type="checkbox"/>	
OTHER (explain)		

EMPLOYMENT EXPERIENCE - (please specify current or last place of employment)

EMPLOYER / COMPANY NAME	SUPERVISOR
ADDRESS	BUS. TELEPHONE NUMBER
EMPLOYMENT POSITION AND DUTIES / RESPONSIBILITIES	
MAY THIS EMPLOYER BE CONTACTED? YES <input type="checkbox"/> NO <input type="checkbox"/>	

PREVIOUS VOLUNTEER EXPERIENCE

LOCATION	DATE(S) / DURATION
DUTIES	
LOCATION	DATE(S) / DURATION
DUTIES	
LOCATION	DATE(S) / DURATION
DUTIES	

REFERENCES - (Please provide names of two adults you have worked for as a paid staff or volunteer, who are not related to you)

REFERENCE #1 NAME	POSITION
ADDRESS	TELEPHONE NUMBER
REFERENCE #2 NAME	POSITION
ADDRESS	TELEPHONE NUMBER

Pursuant to Section 29(1) of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O 1990, I _____
(Name of Applicant)
hereby authorize the Hamilton Police Service Volunteer Administrator, Victim Services Coordinator, or designate, to contact the above-named individuals and employers, provided by me, and to collect/obtain for same information, opinions, records, data, and reports which may be required by the Hamilton Police Service for the purpose of receiving and evaluating information in relation to my application for a position as a Volunteer with the Hamilton Police Service.

PLEASE COMMENT ON HOW YOUR PREVIOUS WORK OR VOLUNTEER EXPERIENCE WOULD BE HELPFUL IN YOUR ROLE AS A POLICE SERVICE VOLUNTEER:

PLEASE SPECIFY REASONS FOR APPLYING TO HAMILTON POLICE SERVICE VOLUNTEER PROGRAM:

PLEASE INDICATE YOUR TIME OF AVAILABILITY

- | | | |
|--|-----------------------------------|----------------------------------|
| <input type="checkbox"/> WEEKDAYS
(9:00AM - NOON) | <input type="checkbox"/> EVENINGS | <input type="checkbox"/> ANYTIME |
| <input type="checkbox"/> WEEKDAYS
(NOON - 5:00PM) | <input type="checkbox"/> WEEKENDS | <input type="checkbox"/> OTHER |

IF OTHER PLEASE SPECIFY:

WOULD YOU BE WILLING TO MAKE MINIMUM TIME COMMITMENT OF ONE YEAR?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WOULD YOU BE WILLING TO BE PLACED ON AN EMERGENCY BACK UP LIST? (applicable to Victim Services)	YES <input type="checkbox"/>	NO <input type="checkbox"/>

PLEASE INDICATE YOUR PARTICULAR SKILLS/INTERESTS/HOBBIES/TRAINING AND HOW EACH WOULD BE HELPFUL IN YOUR ROLE AS A VOLUNTEER. (Mark "S" for SKILL, and "I" for INTEREST)

_____ SOCIAL WORK

_____ PSYCHOLOGY

_____ COMMITTEE WORK

_____ SOCIAL INTERACTION

MEDICAL BACKGROUND - (specify)

DEGREES OR DIPLOMAS - (specify)

LICENCES OR MEMBERSHIPS - (specify)

EDUCATION BACKGROUND - (specify)

EMPLOYMENT BACKGROUND - (specify)

OTHER - (specify)

WOULD YOU FORESEE ANY DIFFICULTY WITH ANY OF THE FOLLOWING:

EXPLAIN

A) REGULAR ATTENDANCE OF TRAINING SESSIONS

YES

NO

B) A TIME COMMITMENT OF AT LEAST 12 HOURS PER MONTH

YES

NO

C) PARTICIPATION IN POLICE WEEK - 2ND / 3RD WEEK IN MAY

YES

NO

D) PARTICIPATION IN ONGOING TRAINING EVENTS

YES

NO

E) PARTICIPATION IN FUNDRAISING EVENTS

YES

NO

THIS SPACE CAN BE USED FOR ADDITIONAL COMMENTS WHERE INSUFFICIENT ROOM HAS BEEN LEFT ON OTHER PAGES OF THIS FORM

SECTION B - (to be completed by ALL APPLICANTS)

1) PLEASE USE THIS SPACE TO PROVIDE ANY BACKGROUND INFORMATION YOU MAY WISH TO ADD WHICH HAS NOT BEEN COVERED IN THE APPLICATION FORM, WHICH MAY ASSIST US IN PROCESSING YOUR APPLICATION. (Applicants may attach resume - resume should not refer to any prohibited ground of discrimination, i.e. ancestry, place of origin, citizenship, creed, sex, sexual orientation, age, colour, ethnic origin, record of offences, marital status, family status, or handicap).

2) HOW DID YOU FIRST LEARN ABOUT A VOLUNTEER OPPORTUNITY WITH THE HAMILTON POLICE SERVICE?

PERSONAL CONTACT

VOLUNTEER CENTRE

MEDIA

OTHER (please specify)

SCHOOL

PLEASE READ CAREFULLY

Acceptance of Applicants will be subject to the following conditions:

- 1) Applicants must be 18 years of age or older
- 2) Applicants must submit to police records background security check
- 3) Applicants must attend at least one personal interview
- 4) Applicants must be prepared to attend and complete training to the satisfaction of the Hamilton Police Service
- 5) Applicants must attend volunteer position, as requested

Declaration & Authorization:

All statements and information contained on this Application, or attached to it, are true and complete to the best of my knowledge. I understand that any misstatement of fact is grounds for disqualification of my Application and may be cause for termination of the relationship between myself and the Hamilton Police Service. I authorize the Hamilton Police Service to make such enquiries respecting information provided as is deemed necessary.

Date of Application

Signature of Applicant

Personal information collected on this form is collected under the authority of the Police Services Act, s.38, and will be used to identify and assess candidacy for volunteer positions with the Hamilton Police Service. Any questions should be directed to the Manager of Human Resources, Hamilton Police Service, 155 King William Street, P.O. Box 1060, LCD 1, Hamilton, Ontario, L8N 4C1; Telephone: (905) 546-3862



AUTHORIZATION FOR RELEASE OF INFORMATION (VOLUNTEER)

I, _____, hereby authorize any physician, employer, organization, agency or person to whom a signed copy of this Authorization, or a photocopy thereof, is delivered, to provide personal information about me, including any information, opinion, report, record, note, or copy of same, which is requested by a representative of the Hamilton Police Service (HPS) in connection with the conduct with the background investigation relating to my application for a volunteer position with the HPS, including but not limited to the following:

(Please Print)

- Academic records and transcripts
- Character and other references
- Employment Records, (including performance evaluations, discipline and attendance information)
- Other _____
- Physical, psychological, visual, aptitude and other employment-related information

I agree to **WAIVE** any right of action against any person or institution which may provide information or opinions in compliance with this Authorization.

I understand that this information will be used to assess my qualifications and suitability in relation to my application for a volunteer position. I consent to the collection, use and examination by the HPS of all information compiled about me in the course of my application. I understand that personal information about me that is obtained during the selection process may be disclosed for the purpose for which it was obtained or for a consistent purpose.

I hereby **ACKNOWLEDGE AND DECLARE** that the terms of this Authorization for Release of Information are fully understood by me.

Witness (Signature)

Applicant (Signature)

Name of Witness (Please Print)

Date

Address of Witness: _____

Personal information contained on this form is collected pursuant to s 38 of the Police Services Act and is collected for the purpose of assessing suitability as a volunteer with the Hamilton Police Service. Questions concerning the collection should be directed to the Manager of Human Resources, Hamilton Police Service, 155 King William Street, P.O. Box 1060, LCD 1, Hamilton, Ontario, L8N 4C1; Telephone: (905) 546-3862



BACKGROUND SECURITY CHECK (VOLUNTEER)

Volunteer applicants are required to consent to a personal background security check and to obtain the consent of relatives and other persons with whom they reside who are not relatives to the conduct of a background security check. Please list all relatives, including spouse, children, parents, siblings, stepparents and siblings, in-laws, and former spouses, if applicable, and all non-relatives who reside at the same residence at which you reside.

VOLUNTEER APPLICANT SURNAME	GIVEN 1	GIVEN 2	BIRTHDATE (YY/MM/DD)
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SURNAME	GIVEN NAME(S)	RELATIONSHIP	BIRTHDATE (YY/MM/DD)
ADDRESS			
SURNAME	GIVEN NAME(S)	RELATIONSHIP	BIRTHDATE (YY/MM/DD)
ADDRESS			
SURNAME	GIVEN NAME(S)	RELATIONSHIP	BIRTHDATE (YY/MM/DD)
ADDRESS			
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ADDRESS			
SURNAME	GIVEN NAME(S)	RELATIONSHIP	BIRTHDATE (YY/MM/DD)
ADDRESS			

NOTE: If any party listed has used a surname or given name other than the one provided, please give details below	
NAME CHANGED FROM	
NAME CHANGED TO	DATE OF CHANGE (YY/MM/DD)
NAME CHANGED FROM	
NAME CHANGED TO	DATE OF CHANGE (YY/MM/DD)

NOTE: Each party listed will be required to complete a "Consent to Disclosure of Personal Information" form prior to the background security check being conducted.

DECLARATION

The information provided above is correct to the best of my knowledge and ability. I understand that any misrepresentation or misstatement of fact may disqualify me from participating as a volunteer with the Hamilton Police Service and may be cause for the termination of my relationship as a volunteer with the Police Service, if that relationship has already resumed.

Applicant (Signature)

Witness (Signature)

Date

Personal information contained on this form is collected pursuant to the Police Services Act (s.38) for the purpose of assessing suitability and qualification for participation in the Hamilton Police Service Volunteer Program. Questions concerning this collection should be directed to the Manager, Human Resources Section, Hamilton Police Service, 155 King William Street, Hamilton, Ontario, L8N 4C1; Phone: (905) 546-3862.