



**Delta Police Department**  
4455 Clarence Taylor Crescent  
Delta, BC V4K 3E1  
604.946.4411  
[hr@deltapolice.ca](mailto:hr@deltapolice.ca)

## APPLICATION FOR VOLUNTEER OPPORTUNITY

### IMPORTANT:

1. Please print clearly, complete fully and use additional paper if space is insufficient.
2. Personal information requested on this form is being collected pursuant to the *Freedom of Information and Protection of Privacy Act* and under the *Police Services Act* to determine your eligibility for volunteering with the Delta Police Department.

### POSITIONS APPLIED FOR:

CoPS Office Volunteer   
Victim Services Volunteer   
Other \_\_\_\_\_

### Volunteer: Please indicate your availability for volunteer work:

HOURS	MON	TUES	WED	THURS	FRI	SAT	SUN

### PERSONAL INFORMATION:

Last Name	First Name	Middle or other name
Previous Name(s):		
Address		
City	Province	Postal Code
Daytime Contact Number ( )	Evening Contact Number ( )	E-mail address
SIN:		
Are you legally eligible to work in Canada? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied to or been employed/volunteered with the Delta Police Department or any other Police Agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Details:		
Have you ever applied to or been employed with the Corporation of Delta? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Details:

**EDUCATION:** (continue on separate sheet if necessary)

Name of Secondary/High School:	Highest Grade Completed:			
	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13			
Name of Post-Secondary Institution:	Type of program:	Start Date:	End Date:	Did you graduate?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
Name of Other Institution:	Type of program:	Start Date:	End Date:	Did you graduate?
				<input type="checkbox"/> No <input type="checkbox"/> Yes
Other Licenses, Certificates, Degrees:				
List software packages/police information systems and level of proficiency:				
List all languages spoken/written and level of proficiency:				

**EMPLOYMENT HISTORY:** Starting with the most recent, please list all employers within the last 10 years. (Continue on separate sheet if necessary)

Employer's Name and Address:			
Job Title:	Status: FT <input type="checkbox"/> PT <input type="checkbox"/> Other <input type="checkbox"/>	Employed From:	Employed To:
Immediate Supervisor's Name and Title:	Supervisor's Contact Number:		

Brief Description of Duties:
Reason for Leaving:

Employer's Name and Address:			
Job Title:	Status: FT <input type="checkbox"/> PT <input type="checkbox"/> Other <input type="checkbox"/>	Employed From:	Employed To:
Immediate Supervisor's Name and Title:	Supervisor's Contact Number:		
Brief Description of Duties:			
Reason for Leaving:			

Employer's Name and Address:			
Job Title:	Status: FT <input type="checkbox"/> PT <input type="checkbox"/> Other <input type="checkbox"/>	Employed From:	Employed To:
Immediate Supervisor's Name and Title:	Supervisor's Contact Number:		

Brief Description of Duties:
Reason for Leaving:

**VOLUNTEER/ACTIVITY HISTORY:**

Club/Activity/Organization and address	Description of activity or duties	From	To

Briefly explain your interest in becoming a volunteer of the Delta Police Department.

**CANDIDATE DECLARATION:**

- I hereby declare that the foregoing information is true and complete to the best of my knowledge.
- I understand that a false statement may disqualify me from the volunteer selection process or from continuing to qualify for current or future volunteer opportunities with the Delta Police Department.
- I hereby authorize and direct any person or entities to release to the Delta Police Department or its agents, information regarding employment and/or educational background. I do hereby release from all liability or responsibility, all persons or organizations supplying such information.

This document requests detailed information regarding you, your family and associates. This information is required to determine your eligibility for employment with the Delta Police Department.

**STATEMENT OF CONSENT:**

I hereby consent that any and all information pertaining to a Criminal Record registered in my name with National Repository for Criminal Records in Canada may be provided to authorized persons at the Delta Police Department. I recognize that an employee of the Delta Police Department is in a position of trust within the community and I hereby consent to the Delta Police Department performing a Vulnerable Sector Search of my name in the National Repository for Criminal Records. I understand that a Vulnerable Sector Search will check for pardoned sex offences. I further consent, if requested, to attend the Delta Police Department for fingerprint confirmation. I further agree to absolutely release, discharge and absolve the Delta Police Department, the Corporation of Delta, and its employees from all claims, losses or damages including indirect or inconsequential, occasioned by me during, or as a result of any investigation for a Criminal Record.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Printed name of applicant

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Printed name of witness (18 yrs and over)

\_\_\_\_\_  
Witness signature