



# New Westminister Police Department

Dear Applicant,

Thank you for your interest in the New Westminister Police Department (NWPD).

We consider our organization progressive leaders in policing whose mission is to keep our community safe by enforcing the law, and preventing and reducing crime. What is imperative for you to know, as a volunteer applicant, is that our mission embraces and includes our volunteers. We are looking for good, committed people to assist us in our efforts to improve the quality of life in our community. The New Westminister Police Department offers many learning opportunities and experiences. We invite you to be part of our team of dedicated professionals.

Please find attached the instructions and application package to join our organization.

\*Please provide a cover letter and a 3 page resume detailing your work and educational background.\*

If you have any questions about this application, please feel free to contact me. Thank you for your interest and good luck!

Sincerely,

Cst C. Oliveira  
Coordinator, Crime Prevention Services  
New Westminister Police Department

604-529-2528

[coliveira@nwpolice.org](mailto:coliveira@nwpolice.org)



- 1) Ensure that you meet our minimum requirements prior to commencing the application process. The minimum requirements are attached.
- 2) All questions must be answered. If a question is not applicable use "N/A" in the appropriate space. Incomplete applications will not be reviewed.
- 3) All forms in this package are not intended for any other police agency; all police record checks will be performed by NWPD. You are not required to complete a Police Information Check with your local police agency. Simply complete, sign and return all forms with your application.
- 4) Do not print the application double-sided.
- 5) Do not submit a photocopy of the application. Fill the form out by hand, use black ink and ensure your writing/printing is legible. If you make an error, do not use white-out. Place a single line through the error and write the correction above or beside.
- 6) All addresses must include the postal code. Use area codes for all phone numbers.  
Date of births should be YY-MMM-DD format [85-JAN-04]. All other date formats should follow YY-MMM [10-JUN].
- 7) List items in chronological order, beginning with the most recent. Leave no gaps in dates.
- 8) If extra space is required to answer questions, do not write on the back/flip side of any pages, choose one of the following:
  - a. If you have printed the application form from the website; just re-print the specific page and continue answering your question
  - b. If you picked up an application form from the police department, insert a blank page and continue answering your questionPlease make sure you indicate that you are continuing to answer on the following page, write the question # that you are continuing to answer and make sure to edit the page number. For example, if you reprinted page 24 then indicate on that page that it is page 24-A.
- 9) Photocopies of High School and Post-Secondary transcripts are acceptable.
- 10) All information is subject to verification by investigation. False, misleading, or undisclosed information in this document or at any other stage in the application process will result in exclusion from our process and your file will be closed.
- 11) Please do not staple or put the application form in any binder, cover or page protector. You may use paperclips or a binder clip if you wish to keep the application together or to attach the two passport style photograph
- 12) By completing this application, you acknowledge and understand that honesty, integrity, and background are areas that are scrutinized closely when considering applications, and that all questions in this document are necessary for this purpose.
- 13) The application form must be signed, dated and delivered or mailed in a sealed envelope to the New Westminister Police Department.

New Westminister Police Department  
Att: Cst. C Oliveira  
555 Columbia Street  
New Westminister,  
BC V3L 1B2



APPLICANTS MUST MEET ALL OF THE FOLLOWING MINIMUM REQUIREMENTS  
IN ORDER TO HAVE THEIR APPLICATION ACCEPTED.

CITIZENSHIP	Canadian Citizen or Permanent Resident	✓
MINIMUM AGE	19 years of age or older upon commencement of training	✓
DRIVER'S LICENSE	Valid Class 5 Driver's License	✓
HIGH SCHOOL EDUCATION	High School graduation certificate or GED	✓
TRAINING	Ability to successfully complete all training	✓
BACKGROUND	Ability to successfully complete a thorough background investigation	✓
SENSITIVITY	Our department places great emphasis on the ability to positively interact with all members of our community	✓
COMMUNICATION SKILLS	Excellent verbal and written communication skills	✓
INTEGRITY	Candidates must have consistently demonstrates maturity, responsibility, good character, diplomacy, good judgment, have no criminal record and must have no pending criminal charges before the court.	✓
COMPUTER SKILLS	Preferred Skill: Strong computer skills and keyboarding ability	✓
LENGTH OF SERVICE	Must commit to the minimum length of service indicated	1 year
ORIENTATION/TRAINING	Must attend the minimum training required: CPU Volunteer: 16 hours over 2 days	12-16 hours
COMMITMENT HOURS	Must commit to a minimum number of volunteer hours	6 hours per month
RESUME	Resume with a cover letter	attached



# New Westminster Police Department

## Applicant Checklist and Pledge Crime Prevention Unit [CPU] Volunteer

Please Sign and Return with Application

Please ensure that all of the following documentation has been submitted with your application and placed in a sealed envelope in the following order:	Please read & initial
Application Checklist & Pledge – Crime Prevention Unit Volunteer Program (this form)	
Two Current Passport Style Photographs in Color	
Volunteer Crime Prevention Unit Background Application Package (41 pages)	
Consent to Release of Personal and/or Private Information, Waiver and Release	
New Westminster Police Department Police Information Check (Form 30)	
Copy of Birth Certificate	
Copy of Proof of Citizenship or Permanent Residency (if applicable)	
Copy of Social Insurance Number (SIN) Card or SIN Confirmation Letter	
Copy of Driver's License (front and back)	
Copy of High School Education Transcripts (unofficial or photocopies)	
Copy of Post-Secondary Transcripts (unofficial or photocopies)	
Copy of First Aid Certificate	
Must commit to a minimum of twelve months volunteer service	
Must commit to a minimum of six hours of volunteering each month: <ul style="list-style-type: none"> <li>➤ Volunteering one Friday or Saturday of each month (not optional)</li> </ul>	
<b>Scheduled Training (must be able to attend all training listed below):</b> <ul style="list-style-type: none"> <li>➤ Application Package Drop Off: January 3 - February 14, 2020. Anytime between 9 AM to 4 PM</li> <li>➤ Mandatory Training Dates: To be determined (No option for rescheduling)</li> </ul>	



# NEW WESTMINSTER POLICE DEPARTMENT

555 Columbia Street, New Westminster, BC V3L 1B2  
P: 604-525-5411 F: 604-529-2401 W: www.nwpolice.org

## CRIME PREVENTION UNIT [CPU] VOLUNTEER APPLICATION PACKAGE

### PERSONAL INFORMATION

SURNAME: \_\_\_\_\_  Mr.  Ms.  
 Mrs.  Miss

GIVEN NAME(S): \_\_\_\_\_

NICKNAME(S): \_\_\_\_\_

MAIDEN/FORMER NAME: \_\_\_\_\_

SOCIAL INSURANCE NUMBER: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ PROVINCE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

RANK PREFERRED PHONE NUMBER FOR CONTACT: [I.E. #1 CELL, #2 HOME, #3 WORK] #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: YY-MMM-DD \_\_\_\_\_

PLACE OF BIRTH: City | Province | Country \_\_\_\_\_

CANADIAN CITIZEN:  Canadian Citizen by birth or Have you applied to become a Canadian Citizen:  Yes  No

Date you became a Canadian Citizen \_\_\_\_\_

Date you became a Permanent Resident \_\_\_\_\_

Provide year you entered Canada \_\_\_\_\_

MARITAL STATUS:  Single  Committed Relationship  Common-Law  Married  
 Separated  Divorced  Widow(er)  Other \_\_\_\_\_



FIRST AID

FIRST AID TRAINING: Do you hold a valid and current First Aid Certificate?  Yes  No

Type of First Aid Certificate: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Type of First Aid Certificate: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

LANGUAGE SKILLS

DO YOU SPEAK A SECOND LANGUAGE?  Yes  No IF YES, WHAT LANGUAGE(S): \_\_\_\_\_

INDICATE LEVEL OF PROFICIENCY: Speak: \_\_\_\_\_  Basic  Adequate Day to Day  Fluent

Write: \_\_\_\_\_  Basic  Adequate Day to Day  Fluent

Read: \_\_\_\_\_  Basic  Adequate Day to Day  Fluent

OFFENCE RECORD

1. HAVE YOU EVER BEEN CHARGED WITH A FEDERAL, PROVINCIAL OR MUNICIPAL OFFENCE?  Yes  No  
(THIS MEANS ANY FINE, PERIOD OF IMPRISONMENT OR PERIOD OF PROBATION OFFERED BY THE COURT; OTHER THAN MINOR DRIVING OFFENCES).

IF A CRIMINAL PARDON HAS BEEN GRANTED, ATTACH A COPY OF THE PARDON TO THIS PAGE.

NOTE: CONVICTION OF AN OFFENCE DOES NOT NECESSARILY PRECLUDE CONSIDERATION FOR A CIVILIAN POSITION.

IF YOU HAVE ANSWERED YES TO THIS QUESTION, PLEASE INSERT A PAGE OUTLINING THE DATE AND PARTICULARS OF EACH CHARGE AND OR CONVICTION.





# New Westminster Police Department

## Consent to Release of Personal and/or Private Information, Waiver and Release

FULL NAME: \_\_\_\_\_

FORMERLY KNOWN AS: \_\_\_\_\_

DATE OF BIRTH: YY-MMM-DD \_\_\_\_\_ SOCIAL INSURANCE NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ DRIVER'S LICENSE NUMBER: \_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_, having applied for a position with the New Westminster Police Department, and recognizing that I am required to supply information to be used to determine my qualifications, moral character, honesty and suitability for volunteering with the Department, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records and police, probation and parole reports.

I hereby authorize the New Westminster Police Department to make such investigations as they deem necessary to determine approval or disapproval of this application. I understand that the New Westminster Police Department will have the final say in the approval or rejection of this application, and the criteria and method they use in arriving at their decision, will not be questioned or objected to by me and I will have no grievance against the New Westminster Police Department or the Corporation of the City of New Westminster in this regard.

I waive the right to read or review any information received by the New Westminster Police Department.

I release any individual, company, government agency, or public body and their representatives, agents and employees from any claim or action whatsoever which may result from furnishing the above information to the New Westminster Police Department.

A photocopy of this release is to be considered as valid as an original waiver even though it does not contain an original of my signature. This waiver is valid for a period of one year from the date of signature.

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



Applicant Name	Applicant DOB
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**VULNERABLE SECTOR APPLICANTS:**

**FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED**

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

**Reason for Consent:**

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*): Volunteering in the Crime Prevention Unit with NRPD

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*):

May volunteer with children and/or vulnerable person(s)

**Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.**

_____ Signature of Applicant	_____ Date Signed
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**DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant**

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

<b>Date of Conviction</b>	<b>Nature of Offence</b>	<b>Location/Jurisdiction</b>

_____ Signature of Applicant	_____ Date signed
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Applicant Name	Applicant DOB
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**SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE**

I request and consent to the NEW WESTMINSTER POLICE DEPARTMENT and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

**By my signature below, and for and in consideration of this Police Information Check being completed for me**, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of New Westminister Police, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

**\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\***

<b><u>QUERY TYPE</u></b>	<b><u>Queried by:</u></b>	<b><u>Negative</u></b>	<b><u>Attached</u></b>	<b><u>Date</u></b>
<b><u>CPIC</u></b>				
<b><u>PRIME</u></b>				
<b><u>PIP/LEIP</u></b>				
<b><u>JUSTIN</u></b>				
<b><u>VS – FP REQ.</u></b>				

NOTES (office use only):

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\_\_\_\_\_