



NEW WESTMINSTER POLICE DEPARTMENT

555 Columbia Street New Westminster, BC V3L 1B2 (604) 525-5411 FAX (604) 529-2401

www.nwpolice.org

David Jones, Chief Constable

Dear Volunteer,

Thank you for your interest in the New Westminster 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 Westminster 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.

If you have any questions about this application, please feel free to contact one of the staff members listed below.

Thank you for your interest and good luck.

Sincerely,

Shelley Cole
Coordinator Crime Prevention Services
New Westminster Police Department

Shelley Cole
Crime Prevention Services
604-529-2528
scole@nwpolice.org

Kim Doxsee
Human Resources
604-529-2440
kdoxsee@nwpolice.org



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Application Instructions for Crime Prevention Unit [CPU] Volunteer

Please follow the instructions below carefully. Incomplete or illegible applications will not be reviewed.

- 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. Incomplete application forms will not be processed. If a question is not applicable use "N/A" in the appropriate space. If an entire section is not applicable, one "N/A" in the first available space is sufficient.
- 3) This Application Form covers numerous areas necessary to determine the suitability of applicants, and also serves as a basis for determining your security clearance.
- 4) If anyone required to be listed in these forms is deceased, please indicate by placing the word "deceased", followed by the person's date of death.
- 5) 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) Ensure you also complete the Consent to Release of Personal and/or Private Information Waiver and Release form.
- 7) 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].
- 8) When answering questions with a yes/no box, please place an "X" in the box you wish to select.
- 9) Unless otherwise instructed, list items in chronological order, beginning with the most recent.
Leave no gaps in dates, between educational institutions, places of employment, etc.
- 10) 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 Station, 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.
- 11) 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 the termination of your application, or dismissal.
- 12) 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.
- 13) 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.
- 14) Ensure that you have submitted all documents in order as listed on the Application Checklist.
- 15) The application form must be signed, dated and delivered or mailed in a sealed envelope to the New Westminster Police Department.

New Westminster Police Department
Attention: Crime Prevention Unit
555 Columbia Street
New Westminster, BC
V3L 1B2



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Applicant Minimum Requirements Crime Prevention Unit [CPU] Volunteer

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 along with a driving record indicative of responsible driving habits. (A Class 7 "N" Novice license may be considered in exceptional circumstances for CPU Volunteers only.)	✓
HIGH SCHOOL EDUCATION	High School graduation certificate or GED	✓
TRAINING	Ability to achieve the designated passing grade on all training	✓
BACKGROUND	Ability to successfully complete a thorough background investigation	✓
SENSITIVITY	Ability to demonstrate sensitivity to people of diverse cultures, lifestyles and ethnicity	✓
VOLUNTEER EXPERIENCE	Demonstrated commitment to the community through preferred volunteer experience	✓
COMMUNICATION SKILLS	Excellent verbal and written communication skills	✓
INTEGRITY	Our department places great emphasis on the ability to positively interact with all members of our community. In previous work, volunteer and social settings, candidates must have consistently demonstrated maturity, responsibility, good character, diplomacy and common sense. 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 be willing to commit to the minimum length of service indicated	1 year
TRAINING	Must be willing to commit to the minimum training required: CPU Volunteer: 12 hours over 3 days	12 hours
MINIMUM PROGRAM COMMITMENT HOURS	Once training is complete you are expected to commit to a minimum number of volunteer hours per month	6 hours



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Application Checklist Crime Prevention Unit Volunteer Program

Applicant Name:

Date Application Submitted:

Applicant Signature:

I am applying for the **Crime Prevention Unit Volunteer Program** and confirm that all of the following documentation has been submitted with my application and placed in a sealed envelope **in the following order**:

- ☐ Application Checklist – Crime Prevention Unit Volunteer Program [this form]
 - ☐ Two Passport Style Photographs in Color [attach to this checklist with a paperclip]
 - ☐ Volunteer Background Application Package
 - ☐ Consent to Release of Personal and/or Private Information, Waiver and Release
 - ☐ Query Information Form
 - ☐ RCMP Consent for Check for a Sexual Offence
 - ☐ Copy of Birth Certificate
 - ☐ Copy of Proof of Citizenship or Permanent Residency if applicable
 - ☐ Copy of S.I.N. Card
 - ☐ Copy of Driver's License
 - ☐ Official Driver's Abstract
 - ☐ Certified copy of High School Education Transcripts
 - ☐ Certified copy of Post Secondary Transcripts
 - ☐ Copy of First Aid Certificate – not required but if you hold a First Aid Certificate please submit
-
- Provide copies of any other supporting documentation you feel necessary to submit with your application.
 - Please **do not** staple or put the application form in any binder, cover or page protector.
 - You may use paperclips or binder clips if you wish.
 - Application is to be submitted in a sealed envelope.
 - Please note that it is your responsibility to check and complete all documents prior to submission.
 - Incomplete or illegible applications will not be reviewed.



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

FULL NAME: _____

FORMERLY KNOWN AS: _____

DATE OF BIRTH: YY-MMM-DD _____

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: _____



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Query Information Form Crime Prevention Unit [CPU] Volunteer

TO BE COMPLETED BY THE APPLICANT:

TITLE: ☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss

SURNAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

OTHER NAME(S) APPLICANT
MAY BE KNOWN BY:
[FORMAL NAMES AND NICKNAMES] _____

DATE OF BIRTH: YY-MMM-DD _____

DRIVER'S LICENSE #: _____

RESIDENTIAL ADDRESS: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

APPLICANT'S SIGNATURE: _____

DATE: _____

FOR ADMINISTRATIVE USE ONLY RESULTS

CPIC	PRIME	LEIP	DRIVING

NOTES OF INTEREST

QUERIES RUN BY: _____

RESULTS REVIEWED BY: _____

DATE QUERIES RUN: _____

DATE REVIEWED: _____



CRIMINAL RECORDS - CONSENT FOR 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.

Identification of the Applicant			
Surname		Given Name(s)	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (yyyy-mm-dd)	Place of Birth (city and province)	
Home Address		City	Province Postal Code
Previous addresses, if any, within the last 5 years			

Reason for the 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 persons.	
Description of the paid or volunteer position Community Services	Name of the person or organization New Westminster Police Department
Details regarding the children or vulnerable person(s)	

Consent		
<p>I, _____ consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted or issued a pardon for, any of the sexual offences that are listed in the schedule to the <i>Criminal Records Act</i>.</p> <p>I understand that, as a result of giving this consent, a search discloses that there is a record of my conviction for one of the sexual offences listed in the schedule to the <i>Criminal Records Act</i> in respect of which a pardon was granted or issued, that record shall be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety, 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 that 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.</p>		<p>Fingerprint: For card scan submissions only.</p> <div></div>
Contributing Agency		
Signature of Applicant	Date (yyyy-mm-dd)	

Finger: _____



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CRIME PREVENTION UNIT [CPU] VOLUNTEER BACKGROUND 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 ☐ Canadian Citizen by naturalization
☐ Permanent Resident
☐ If not born in Canada, please provide year you entered Canada _____

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

NWPD NOTES

-CONFIDENTIAL-

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REVIEWED BY:

DECISION:

DATE:



NWPD Background Application for CPU Volunteer

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.



NWPD Background Application for CPU Volunteer

DRIVING INFORMATION

DRIVER'S LICENSE NUMBER: _____ CLASS: _____

PROVINCE OF ISSUE: _____ EXPIRY DATE: YY-MMM-DD _____

RESTRICTIONS: _____

2. HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED, SUSPENDED, PLACED ON PROBATIONARY STATUS OR RECEIVED A LETTER ABOUT TOO MANY TICKETS? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

3. LIST **ALL** OF YOUR DRIVING OFFENCES BELOW:

DATE OR YEAR	OFFENCE	LOCATION (CITY & PROVINCE/STATE)
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DRIVING HISTORY:

4. HAVE YOU EVER FAILED TO APPEAR IN COURT IN RELATION TO A TRAFFIC VIOLATION? ☐ Yes ☐ No

NWPD NOTES:

-CONFIDENTIAL-

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DRIVING INFORMATION

5. HAVE YOU EVER DRIVEN WHILE UNDER SUSPENSION, PROHIBITION, OR WITHOUT A LICENSE? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

6. HAVE YOU EVER BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENTS? WERE YOU AT FAULT? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

7. HAVE YOU EVER RECEIVED ANY INSURANCE SETTLEMENTS RESULTING FROM A MOTOR VEHICLE ACCIDENT? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

8. HAVE YOU EVER FALSIFIED, EXAGGERATED, OR LIED ABOUT AN INSURANCE CLAIM OF ANY KIND? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



DRIVING INFORMATION

9. HAVE YOU EVER BEEN REFUSED AUTOMOBILE INSURANCE OR HAVE HAD IT CANCELLED OR SUSPENDED? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

10. HAVE YOU EVER BEEN INVOLVED IN A HIT AND RUN ACCIDENT, NO MATTER HOW MINOR THE DAMAGE? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

11. HAVE YOU EVER DELIBERATELY LEFT THE SCENE OF AN ACCIDENT? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



HEALTH

12. DO YOU HAVE ANY PHYSICAL OR MEDICAL LIMITATIONS THAT MAY PREVENT YOU FROM PERFORMING THE FULL SCOPE OF THE DUTIES ASSOCIATED WITH THE POSITION IN WHICH YOU ARE APPLYING FOR? IF YES, PLEASE EXPLAIN. ☐ Yes ☐ No



NWPD Background Application for CPU Volunteer

FAMILY & ASSOCIATIONS

13. PLEASE PROVIDE FULL INFORMATION (INCLUDING MAIDEN OR MARRIED NAME IF APPLICABLE) FOR THE FOLLOWING PEOPLE IN YOUR LIFE. IF YOU REQUIRE EXTRA SPACE, PLEASE REPRINT THE PAGE OR INSERT A BLANK PAGE.

☐ SPOUSE/PARTNER

☐ N/A

☐ GIRLFRIEND/BOYFRIEND

SURNAME	MAIDEN NAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME		PHONE NUMBER – CELL	GENDER
# OF YEARS IN RELATIONSHIP		FROM: YY-MMM	TO: YY-MMM
OCCUPATION		EMPLOYER	

MOTHER

SURNAME	MAIDEN NAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	

FATHER

SURNAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS		DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER



NWPD Background Application for CPU Volunteer

FAMILY & ASSOCIATIONS

CHILD				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

CHILD				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

CHILD				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

CHILD				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		



NWPD Background Application for CPU Volunteer

FAMILY & ASSOCIATIONS

SIBLING				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

SIBLING				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

SIBLING				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		

SIBLING				<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		



NWPD Background Application for CPU Volunteer

FAMILY & ASSOCIATIONS

STEP OR HALF PARENT			<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM	

STEP OR HALF PARENT			<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM	

MOTHER-IN-LAW			<input type="checkbox"/> N/A
SURNAME	MAIDEN NAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM	

FATHER-IN-LAW			<input type="checkbox"/> N/A
SURNAME	GIVEN NAME 1	GIVEN NAME 2	
ADDRESS			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER	
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM	



NWPD Background Application for CPU Volunteer

FAMILY & ASSOCIATIONS

FORMER SPOUSE OR PARTNER

☐ N/A

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
---------	--------------	--------------	--------

ADDRESS	DATE OF BIRTH: YY-MMM-DD
---------	--------------------------

PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER
---------------------	---------------------	-----------------------

# OF YEARS IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM
----------------------------	--------------	------------

FORMER SPOUSE OR PARTNER

☐ N/A

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
---------	--------------	--------------	--------

ADDRESS	DATE OF BIRTH: YY-MMM-DD
---------	--------------------------

PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER
---------------------	---------------------	-----------------------

# OF YEARS IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM
----------------------------	--------------	------------

ROOMMATE OR ANYONE ELSE LIVING WITH YOU

☐ N/A

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
---------	--------------	--------------	--------

ADDRESS	DATE OF BIRTH: YY-MMM-DD
---------	--------------------------

PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER
---------------------	---------------------	-----------------------

# OF YEARS LIVING TOGETHER	FROM: YY-MMM	TO: YY-MMM
----------------------------	--------------	------------

ROOMMATE OR ANYONE ELSE LIVING WITH YOU

☐ N/A

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
---------	--------------	--------------	--------

ADDRESS	DATE OF BIRTH: YY-MMM-DD
---------	--------------------------

PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER
---------------------	---------------------	-----------------------

# OF YEARS LIVING TOGETHER	FROM: YY-MMM	TO: YY-MMM
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NWPD Background Application for CPU Volunteer

FAMILY & ASSOCIATIONS

PLEASE USE THE "OTHER" FIELD FOR SPOUSES/PARTNERS FOR ALL OF THE ABOVE MENTIONED PEOPLE IF YOU HAVE NOT ALREADY LISTED THEM. FOR EXAMPLE IF YOUR DAUGHTER IS MARRIED, PLEASE LIST HER SPOUSE ON THIS PAGE AS "OTHER" OR IF YOUR SIBLINGS ARE MARRIED PLEASE INCLUDE THEIR SPOUSE/PARTNER HERE. IF YOU REQUIRE EXTRA SPACE, PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

OTHER – PLEASE SPECIFY RELATIONSHIP:☐ N/A

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
---------	--------------	--------------	--------

ADDRESS	DATE OF BIRTH: YY-MMM-DD
---------	--------------------------

PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER
---------------------	---------------------	-----------------------

# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM
------------------	--------------	------------

OTHER – PLEASE SPECIFY RELATIONSHIP:☐ N/A

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
---------	--------------	--------------	--------

ADDRESS	DATE OF BIRTH: YY-MMM-DD
---------	--------------------------

PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER
---------------------	---------------------	-----------------------

# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM
------------------	--------------	------------

OTHER – PLEASE SPECIFY RELATIONSHIP:☐ N/A

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
---------	--------------	--------------	--------

ADDRESS	DATE OF BIRTH: YY-MMM-DD
---------	--------------------------

PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER
---------------------	---------------------	-----------------------

# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM
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FAMILY & ASSOCIATIONS

14. LIST ALL PERSONS (OTHER THAN YOUR SPOUSE/PARTNER OR FAMILY) WITH WHOM YOU HAVE RESIDED WITH OVER THE PAST 5 YEARS (I.E. ROOMATES, INTERNATIONAL STUDENTS, ETC.).

SURNAME	GIVEN NAME	DATE OF BIRTH (YY-MMM-DD)
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15. HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIMINAL OFFENCE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No



RESIDENCES

16. IN CHRONOLOGICAL ORDER, LIST ALL RESIDENCE(S) YOU HAVE LIVED AT IN THE LAST 10 YEARS, INCLUDE ANY OUT OF COUNTRY RESIDENCE(S).

ADDRESS	CITY/PROVINCE//STATE	COUNTRY	DATE: YY-MMM	
			FROM	TO



NWPD Background Application for CPU Volunteer

EDUCATION

17. PLEASE PROVIDE DETAILS ON YOUR EDUCATION. IF YOU REQUIRE EXTRA SPACE, PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

HIGH SCHOOL ATTENDED:	_____	CITY/PROVINCE:	_____
HIGHEST GRADE COMPLETED:	_____	DID YOU GRADUATE GRADE 12 :	<input type="checkbox"/> YES <input type="checkbox"/> NO
FROM: YY-MMM	_____	TO: YY-MMM	_____

COMMUNITY COLLEGE ATTENDED:	_____	CITY/PROVINCE:	_____
COURSE NAME:	_____	TOTAL CREDITS OBTAINED:	_____
LICENSE, CERTIFICATE OR DIPLOMA AWARDED:	_____		
FROM: YY-MMM	_____	TO: YY-MMM	_____
		STUDIED:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

UNIVERSITY ATTENDED:	_____	CITY/PROVINCE:	_____
MAJOR AREA OF STUDY:	_____	TOTAL CREDITS OBTAINED:	_____
DEGREE AWARDED:	_____		
FROM: YY-MMM	_____	TO: YY-MMM	_____
		STUDIED:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time

BUSINESS, TRADE OR TECHNICAL SCHOOL ATTENDED:	_____	CITY/PROVINCE:	_____
COURSE NAME:	_____	TOTAL CREDITS OBTAINED:	_____
LICENSE, CERTIFICATE OR DIPLOMA AWARDED:	_____		
FROM: YY-MMM	_____	TO: YY-MMM	_____
		STUDIED:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time



EDUCATION

18. PLEASE LIST OTHER RELEVANT EDUCATIONAL COURSES, WORKSHOPS, SEMINARS, TRAINING, LICENSES, AND CERTIFICATES. INCLUDE COMPLETION DATE.

19. PLEASE ANSWER THE FOLLOWING QUESTIONS IN REFERENCE TO YOUR MOST RECENT **POST-SECONDARY EDUCATIONAL EXPERIENCE**:

SCHOOL ATTENDED: _____ PROGRAM: _____

REASON FOR CHOOSING PROGRAM OF STUDY: _____

COURSE(S) LIKED BEST & WHY: _____

COURSE(S) LIKED LEAST & WHY: _____

DID YOUR GRADES REPRESENT YOUR BEST ACHIEVEMENTS? _____

HOW WAS YOUR POST-SECONDARY EDUCATION FINANCED? _____



NWPD Background Application for CPU Volunteer

EDUCATION

20. HAVE YOU EVER CHEATED ON AN EXAM?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

21. HAVE YOU EVER PLAGIARIZED AN ESSAY OR ANY SCHOOL WORK?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

22. HAVE YOU EVER BEEN SUSPENDED OR FORMALLY REPRIMANDED BY AN EDUCATIONAL INSTITUTION?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NWPD Background Application for CPU Volunteer

EMPLOYMENT

23. BEGIN WITH YOUR PRESENT EMPLOYER. PLEASE LIST & DESCRIBE EVERY POSITION YOU HAVE HELD. IF YOU HAVE HELD MULTIPLE POSITIONS WITH THE SAME EMPLOYER, PLEASE DETAIL EACH POSITION SEPERATELY. INCLUDE ANY PART-TIME EMPLOYMENT & EMPLOYMENT WHILE AT SCHOOL. IF YOU REQUIRE EXTRA SPACE, REPRINT THIS PAGE / INSERT A BLANK PAGE.

EMPLOYER:

☐ PRESENT

☐ FULL-TIME

☐ PREVIOUS _____

☐ PART-TIME #____ HRS/MONTH

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

DATE OF EMPLOYMENT

FROM: _____

TO: _____

SUPERVISOR'S NAME & TITLE: _____

YOUR TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? _____

REASON FOR LEAVING? _____

EMPLOYER:

☐ PRESENT

☐ FULL-TIME

☐ PREVIOUS _____

☐ PART-TIME #____ HRS/MONTH

EMPLOYER ADDRESS: _____

EMPLOYER PHONE NUMBER: _____

DATE OF EMPLOYMENT

FROM: _____

TO: _____

SUPERVISOR'S NAME & TITLE: _____

YOUR TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION? _____

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION? _____

REASON FOR LEAVING? _____

NWPD NOTES:

-CONFIDENTIAL-

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NWPD Background Application for CPU Volunteer

EMPLOYMENT

EMPLOYER:

☐ PRESENT

☐ PREVIOUS

☐ FULL-TIME

☐ PART-TIME #____HRS/MONTH

EMPLOYER ADDRESS:

EMPLOYER PHONE NUMBER:

DATE OF EMPLOYMENT

FROM:

TO:

SUPERVISOR'S NAME & TITLE:

YOUR TITLE:

BRIEF DESCRIPTION OF YOUR DUTIES:

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION?

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION?

REASON FOR LEAVING?

EMPLOYER:

☐ PRESENT

☐ PREVIOUS

☐ FULL-TIME

☐ PART-TIME #____HRS/MONTH

EMPLOYER ADDRESS:

EMPLOYER PHONE NUMBER:

DATE OF EMPLOYMENT

FROM:

TO:

SUPERVISOR'S NAME & TITLE:

YOUR TITLE:

BRIEF DESCRIPTION OF YOUR DUTIES:

WHAT DID YOU LIKE BEST ABOUT YOUR POSITION?

WHAT DID YOU LIKE LEAST ABOUT YOUR POSITION?

REASON FOR LEAVING?

NWPD NOTES:

-CONFIDENTIAL-

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NYPD Background Application for CPU Volunteer

VOLUNTEER

24. PLEASE DETAIL ANY CURRENT OR PAST VOLUNTEER EXPERIENCE.

IF YOU REQUIRE EXTRA SPACE, PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

AGENCY/SERVICE/CLUB: _____

ADDRESS: _____

PHONE NUMBER: _____

TYPE/NATURE OF AGENCY/SERVICE/CLUB: _____

AVERAGE # OF HOURS PER
MONTH YOU VOLUNTEER: _____

YOUR INVOLVEMENT
STARTED: _____

ENDED: _____

YOUR TITLE: _____

SUPERVISOR'S
NAME & TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

REASON FOR LEAVING? _____

AGENCY/SERVICE/CLUB: _____

ADDRESS: _____

PHONE NUMBER: _____

TYPE/NATURE OF AGENCY/SERVICE/CLUB: _____

AVERAGE # OF HOURS PER
MONTH YOU VOLUNTEER: _____

YOUR INVOLVEMENT
STARTED: _____

ENDED: _____

YOUR TITLE: _____

SUPERVISOR'S
NAME & TITLE: _____

BRIEF DESCRIPTION OF YOUR DUTIES: _____

REASON FOR LEAVING? _____



EMPLOYMENT

25. OF THE EMPLOYERS YOU HAVE LISTED, PLEASE NOTE IF THERE ARE ANY EMPLOYERS THAT YOU DO NOT WANT US TO CONTACT AT THIS TIME:

26. ARE YOU ENGAGED IN ANY BUSINESS AS AN OWNER OR PARTNER (ACTIVE OR SILENT)? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

27. HAVE YOU EVER FILED FOR OR RECEIVED WORKERS' COMPENSATIONS FOR AN "ON THE JOB INJURY"? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

28. HAVE YOU EVER RECEIVED DISABILITY BENEFITS OR PENSION FROM ANY OTHER SOURCE? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

29. HAVE YOU HELD ANY EMPLOYMENT OR VOLUNTEER WORK THAT YOU HAVE NOT DISCLOSED? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

30. HAVE YOU EVER HELD EMPLOYMENT UNDER ANOTHER NAME? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NWPD Background Application for CPU Volunteer

EMPLOYMENT

31. HAVE YOU EVER BEEN DISCIPLINED AND OR DOCUMENTED FOR INAPPROPRIATE BEHAVIOUR AT WORK? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

32. HAVE YOU EVER BEEN THE COMPLAINANT OR RESPONDENT OF A WORKPLACE HARASSMENT COMPLAINT? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

33. HAVE YOU EVER BEEN UNEMPLOYED FOR EXTENDED PERIODS? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

34. HAVE YOU COLLECTED EMPLOYMENT INSURANCE BENEFITS OR WELFARE? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

35. HAVE YOU WORKED WHILE ON EMPLOYMENT INSURANCE OR WELFARE AND NOT REPORTED YOUR FULL EARNINGS? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

36. HAVE YOU EVER BEEN FIRED, LAID OFF OR LET GO FROM A JOB? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NWPD Background Application for CPU Volunteer

EMPLOYMENT

37. HAVE YOU EVER HAD PROBLEMS WITH ABSENTEEISM OR LATENESS WHEN YOU WERE AN EMPLOYEE OR STUDENT? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

38. HAVE YOU EVER BOOKED OFF SICK WHEN YOU HAVE NOT BEEN? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

39. HAVE YOU EVER BEEN UNABLE TO WORK FOR EXTENDED PERIODS OF TIME DUE TO AN ILLNESS OR INJURY? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No



40. PLEASE LIST ALL OF YOUR ASSETS (I.E. HOME, VEHICLE, PERSONAL EFFECTS, INVESTMENTS, ETC.).

41. PLEASE LIST ALL OF YOUR DEBTS (MORTGAGES, LOANS, CREDIT CARDS, LINE OF CREDIT, ETC.).

NWPD NOTES:



NWPD Background Application for CPU Volunteer

FINANCIAL

42. PLEASE LIST ALL OF YOUR CREDIT CARDS.

CREDIT CARD COMPANY	\$ CREDIT LIMIT	\$ CURRENT BALANCE	\$ MONTHLY PAYMENT
TOTAL	\$	\$	\$

43. DO YOU OWN YOUR OWN HOME?

☐ Yes

☐ No

44. WHAT IS YOUR MONTHLY MORTGAGE PAYMENT OR RENTAL PAYMENT?

45. DO YOU OWN YOUR OWN CAR? IF SO WHAT IS THE MAKE, MODEL AND YEAR:

☐ Yes

☐ No

MAKE:

MODEL:

YEAR:

46. TO WHAT EXTENT ARE YOU PERSONALLY INSURED (LIFE INSURANCE)?

47. WHAT IS YOUR CURRENT NET INCOME PER MONTH?

48. WHAT IS YOUR CURRENT NET FAMILY/HOUSEHOLD INCOME PER MONTH?



NWPD Background Application for CPU Volunteer

FINANCIAL

49. HAVE YOU EVER BEEN BONDED? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

50. HAVE YOU EVER DECLARED BANKRUPTCY? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

51. HAVE YOUR WAGES EVER BEEN GARNISHED? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

52. HAVE YOU EVER WRITTEN AN NSF CHEQUE? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

53. HAS A COLLECTION AGENCY EVER BEEN ASSIGNED TO ANY OF YOUR OUTSTANDING DEBTS? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

54. HAVE YOU EVER USED A NAME OTHER THAN YOUR OWN FOR ANY PURPOSE? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



FINANCIAL

55. HAVE YOU EVER HAD ANYTHING REPOSSESSED AS A RESULT OF BAD DEBT? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

56. HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE A PROBLEM WITH DEBT? IF SO, OUTLINE HOW YOU ☐ Yes ☐ No
HANDLE THIS DEBT PROBLEM, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NYPD Background Application for CPU Volunteer

DRUGS

57. HAVE YOU EVER THOUGHT YOU WERE USING, TESTED, SNIFFED, SMOKED, INGESTED, INHALED, INJECTED, SWALLOWED, ATTEMPTED TO USE OR EXPERIMENTED WITH ANY FORM OF AN ILLEGAL DRUG OR SUBSTANCE SUCH AS BUT NOT LIMITED TO:

COCAINE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
CRACK	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
ECSTASY	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
HASHISH	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
HEROIN	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
LSD	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
MARIJUANA	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
METHAMPHETAMINE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
MUSHROOMS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
PCP	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
SPEED	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
DESIGNER DRUGS	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
INHALENTS [GAS/GLUE]	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____
OTHER	<input type="checkbox"/> YES	<input type="checkbox"/> NO	# OF TIMES: _____	WHEN: YY-MMM _____

58. PLEASE PROVIDE FURTHER DETAILS ON YOUR DRUG USE, FREQUENCY AND TIME FRAMES: ☐ N/A



NWPD Background Application for CPU Volunteer

DRUGS

59. WHEN DID YOU LAST USE AN ILLEGAL DRUG? ☐ N/A
WHAT WERE THE CIRCUMSTANCES [WHEN, WHERE] & WHAT TYPE OF DRUG DID YOU USE?

60. HAVE YOU EVER PURCHASED OR SOLD ILLEGAL DRUGS? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

61. HAVE YOU EVER GROWN, MANUFACTURED, IMPORTED, AND/OR TRANSPORTED ILLEGAL DRUGS? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

62. DO YOU KNOW ANYONE WHO HAS EVER SOLD, GROWN, MANUFACTURED, IMPORTED, OR
TRANSPORTED ILLEGAL DRUGS? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No



DRUGS

63. HAVE YOU EVER DRIVEN WHILE YOU HAVE BEEN UNDER THE INFLUENCE OF DRUGS? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES] & WHAT DRUG(S) DID YOU USE?

64. HAVE YOU EVER WORKED WHILE UNDER THE INFLUENCE OF DRUGS? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

65. HAVE YOU EVER RECEIVED COUNSELLING OR TREATMENT FOR DRUG ABUSE? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NWPD Background Application for CPU Volunteer

ALCOHOL

66. DO YOU DRINK ALCOHOL?

☐ Yes

☐ No

IF YES, HOW MUCH AND HOW OFTEN [DAILY, WEEKLY, MONTHLY] DO YOU DRINK?

67. WHEN AND WHY ARE YOU MOST LIKELY TO CONSUME ALCOHOL?

PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

68. WHEN WAS THE LAST TIME YOU WERE DRUNK? PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

69. HAVE YOU EVER BEEN IN A VERBAL OR PHYSICAL ALTERCATION WHILE UNDER THE INFLUENCE OF ALCOHOL? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes

☐ No

70. HAS YOUR CONSUMPTION OF ALCOHOL EVER CAUSED A PROBLEM IN YOUR JOB, HOME, SCHOOL OR COMMUNITY?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NWPD Background Application for CPU Volunteer

ALCOHOL

71. HAVE YOU EVER CONSUMED ALCOHOL WHILE YOU WERE WORKING?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No

72. WHAT IS THE WORST THING YOU HAVE DONE WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?
PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

73. HOW MANY TIMES HAVE YOU DRIVEN WHILE YOU HAVE BEEN UNDER THE INFLUENCE OF ALCOHOL AND THOUGHT YOU WERE
OVER THE LEGAL ALCOHOL LIMIT? PLEASE PROVIDE DETAILS - HOW MANY DRINKS DID YOU CONSUME AND OVER WHAT PERIOD
OF TIME? WHEN DID THIS OCCUR?

74. HAVE YOU EVER RECEIVED COUNSELLING OR TREATMENT FOR ALCOHOL ABUSE?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No

75. WHAT IS YOUR OWN DEFINITION OF BEING DRUNK / INTOXICATED?



NWPD Background Application for CPU Volunteer

FIREARMS

76. DO YOU CURRENTLY OWN ANY FIREARMS? IF YES, PROVIDE AN ITEMIZED LIST BELOW:

☐ Yes

☐ No

77. DO YOU CURRENTLY HAVE A VALID LICENSE TO POSSESS OR OWN FIREARMS?

☐ Yes

☐ No



NYPD Background Application for CPU Volunteer

LIFESTYLE & INTEGRITY

78. HAVE YOU EVER BEEN IN A PHYSICAL ALTERCATION WITH A SPOUSE OR PARTNER OR ANYONE ASSOCIATED TO YOU IN A DOMESTIC OR FAMILY RELATIONSHIP? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

79. HAVE YOU EVER BEEN IN A PHYSICAL FIGHT OR ASSAULTED ANYONE? ☐ Yes ☐ No
[SPORTS OR OTHERWISE, REGARDLESS OF YOUR AGE AT THE TIME.]
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

80. HAVE YOU EVER BEEN PHYSICALLY VIOLENT TOWARD A CHILD? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

81. HAVE YOU EVER HAD SEXUAL INVOLVEMENT WITH ANYONE WITHOUT THEIR CONSENT? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

82. HAVE YOU EVER BEEN INVOLVED IN SEXUAL ACTIVITY WHERE MONEY HAS BEEN EXCHANGED? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

83. HAVE YOU EVER BEEN INVOLVED IN THE SEX TRADE INDUSTRY IN ANY CAPACITY? ☐ Yes ☐ No
[DRIVER, DOORMAN, RECEPTIONIST, ANSWERING PHONES, SEX TRADE WORKERS, ESCORT, ETC.]
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NYPD Background Application for CPU Volunteer

LIFESTYLE & INTEGRITY

84. HAVE YOU EVER RETAINED OR PARTICIPATED IN THE SERVICE OF AN ESCORT AGENCY, SERVICES OF A MASSAGE PARLOUR OR HAVE "CRUISED" FOR SEX TRADE WORKERS FOR YOURSELF OR OTHERS? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

85. HAVE YOU EVER BEEN INVOLVED IN A SEXUAL MANNER WITH A CHILD OR UNDERAGE PERSON OR ANYONE PURPORTED TO BE A CHILD OR UNDERAGE PERSON? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

86. HAS ANYONE HAD ANY SEXUAL INVOLVEMENT WITH YOU WITHOUT YOUR CONSENT? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

87. HAVE YOU EVER COMMITTED A SEXUAL ACT THAT IF YOU WERE CAUGHT, YOU MIGHT HAVE BEEN PROSECUTED? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No



LIFESTYLE & INTEGRITY

88. INDICATE YOUR INVOLVEMENT IN A SEXUAL ACT FOR WHICH, IF YOU WERE CAUGHT, YOU MAY HAVE BEEN PROSECUTED.
IF YOU HAVE SELECTED YES TO ANY ONE OF THE FOLLOWING, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

- | | | |
|---|------------------------------|-----------------------------|
| A. EXPOSING YOURSELF IN PUBLIC | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| B. INCEST | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| C. SEXUALLY EXPLICIT ANONYMOUS PHONE CALLS | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| D. VOYERISM [PEEKING INTO SOMEONE'S WINDOW FOR SEXUAL PURPOSES] | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| E. SEXUAL CONTACT WITH AN ANIMAL | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

89. HAVE YOU EVER USED THE INTERNET OR TELEPHONE TO COMMUNICATE WITH ANYONE FOR A SEXUAL PURPOSE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No

90. HAVE YOU EVER USED THE INTERNET TO COMMUNICATE IN AN INAPPROPRIATE MANNER WITH A CHILD OR UNDERAGE PERSON OR ANYONE PURPORTED TO BE A CHILD OR UNDERAGE PERSON? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No

91. HAVE YOU EVER HAD POSSESSION OF ANY MATERIAL THAT COULD BE CONSIDERED CHILD PORNOGRAPHY? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No



NWPD Background Application for CPU Volunteer

LIFESTYLE & INTEGRITY

92. DO YOU BELONG TO ANY CLUBS OR ORGANIZATIONS [OTHER THAN RELIGIOUS OR POLITICAL]? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

93. WHAT TYPE OF MAGAZINES AND BOOKS DO YOU COMMONLY READ?

94. DO YOU CURRENTLY ASSOCIATE WITH, OR HAVE YOU IN THE PAST ASSOCIATED WITH, INDIVIDUALS OR GROUPS WHO ARE IN ENGAGED IN CRIMINAL ACTIVITY? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

95. HAVE YOU EVER VISITED A "CLUBHOUSE", RESIDENCE, OR OTHER PLACES USED BY A GANG OR PERSONS INVOLVED IN CRIMINAL ACTIVITY? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

96. DO YOU CURRENTLY ASSOCIATE WITH OR ARE YOU CONNECTED IN ANY WAY TO ANY GANG OR MEMBER OF A GANG? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

97. HAVE YOU IN THE PAST ASSOCIATED OR BEEN CONNECTED IN ANY WAY TO A GANG? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NWPD Background Application for CPU Volunteer

LIFESTYLE & INTEGRITY

98. DO YOU EVER GAMBLE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

99. DO YOU HAVE ANY GAMBLING DEBTS? IF YES, PLEASE PROVIDE DETAILS. ☐ Yes ☐ No

100. HAVE YOU EVER FILED AN INACCURATE TAX RETURN? [DID NOT DECLARE ALL INCOME, PADDED EXPENSES, ETC.] IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

101. HAVE YOU EVER FAILED TO DECLARE ALL OF YOUR GOODS AT THE BORDER?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

102. HAVE YOU EVER COMMITTED A THEFT FROM ANY OF YOUR EMPLOYERS?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

103. HAVE YOU EVER BEEN INVOLVED IN ANY OTHER THEFTS? [SHOPLIFTING, PRICE TAG SWITCHING, THEFT FROM PARENTS, ETC.] IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No



NWPD Background Application for CPU Volunteer

LIFESTYLE & INTEGRITY

104. HAVE YOU EVER HAD POSSESSION OF ANYTHING OBTAINED THROUGH THE COMMISSION OF ANY OFFENCE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

105. DO YOU CURRENTLY HAVE ANY OUTSTANDING FINES? [TRAFFIC, PARKING VIOLATIONS, ETC.] IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

106. HAVE YOU EVER INTENTIONALLY DAMAGED SOMEONE ELSE'S PROPERTY? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

107. HAVE YOU EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIMINAL OFFENCE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

108. HAVE YOU EVER BEEN THE SUBJECT TO ANY OF THE FOLLOWING BY POLICE?
THIS INCLUDES ANY POLICE INVESTIGATION THAT YOU MAY BE ASSOCIATED WITH [INCLUDING IN A FOREIGN COUNTRY AND WHILE YOU WERE A MINOR].

CHECKED ☐ Yes ☐ No
DETAINED ☐ Yes ☐ No
QUESTIONED ☐ Yes ☐ No

TICKETED ☐ Yes ☐ No
DRIVEN HOME ☐ Yes ☐ No
ARRESTED ☐ Yes ☐ No

IF YOU ANSWERED YES TO ANY OF THE ABOVE, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



NWPD Background Application for CPU Volunteer

LIFESTYLE & INTEGRITY

109. HAVE YOU EVER BEEN CHASED, PURSUED, OR HIDDEN FROM THE POLICE?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

110. HAVE YOU EVER HIDDEN ANYONE OR HELPED ANYONE AVOID BEING ARRESTED OR FOUND BY THE
POLICE? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

111. HAVE YOU PARTICIPATED IN ANY UNLAWFUL ACTS THAT YOU HAVE NOT ALREADY DISCLOSED TO US?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]. ☐ Yes ☐ No

112. DO YOU CURRENTLY OR HAVE YOU EVER WORKED OR VOLUNTEERED IN A POLICING ENVIRONMENT? ☐ Yes ☐ No

IF YOU HAVE ANSWERED YES TO THIS QUESTION, PLEASE ANSWER THE FOLLOWING TWO QUESTIONS
AND PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

A. ARE YOU CURRENTLY THE SUBJECT OF AN INTERNAL OR EXTERNAL INVESTIGATION? ☐ Yes ☐ No

B. HAVE YOU EVER BEEN FORMALLY INVESTIGATED FOR ANY SITUATIONS WHILE WORKING OR
VOLUNTEERING IN A POLICING ENVIRONMENT? ☐ Yes ☐ No



NYPD Background Application for CPU Volunteer

LIFESTYLE & INTEGRITY

113. HAVE YOU EVER CAUSED THE DEATH OF ANOTHER PERSON? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

114. HAVE YOU EVER CONTRIBUTED IN ANY WAY TO THE DEATH OF ANOTHER PERSON? ☐ Yes ☐ No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

115. ARE YOU AWARE OF ANY REASONS THAT MAY DISQUALIFY YOU AS A POTENTIAL CIVILIAN EMPLOYEE? IF YES, PLEASE PROVIDE DETAILS. ☐ Yes ☐ No

116. DESCRIBE THE WORST EXPERIENCE OF YOUR LIFE?

117. WHAT IS THE ONE THING IN YOUR LIFE THAT YOU ARE MOST ASHAMED OF?

118. DO YOU HAVE ANY PHOBIAS? IF YES, PLEASE PROVIDE DETAILS: ☐ Yes ☐ No



LIFESTYLE & INTEGRITY

119. WHAT IS YOUR BIGGEST FEAR IN LIFE?

120. WHAT ARE YOUR PLANS FOR THE FUTURE?

121. WHAT ACTIONS HAVE YOU TAKEN TO IMPLEMENT THESE PLANS?

122. DESCRIBE THREE THINGS IN YOUR LIFE THAT YOU ARE MOST PROUD OF [WORK OR NON-WORK RELATED]:

1.

2.

3.



NWPD Background Application for CPU Volunteer

POLICE AGENCY APPLICATIONS

123. HAVE YOU APPLIED WITH A POLICY AGENCY BEFORE?

☐ YES, AS A MEMBER ☐ YES, AS A RESERVE CONSTABLE ☐ YES, AS A CIVILIAN ☐ YES, AS A VOLUNTEER ☐ NO

IF YOU ANSWERED YES TO THE ABOVE QUESTION, PLEASE LIST ALL CURRENT AND PAST APPLICATIONS MADE WITHIN THE PAST FIVE YEARS – **PLEASE BE SURE TO INDICATE IF YOU HAVE A PREVIOUS NWPD APPLICATION.**

IF YOU REQUIRE EXTRA SPACE, PLEASE REPRINT THIS PAGE OR INSERT A BLANK PAGE.

AGENCY APPLIED TO: _____			
DATE OF APPLICATION: YY-MMM _____		POSITION APPLIED FOR: _____	
CURRENT STATUS OF APPLICATION: PLEASE SELECT ONE OF THE THREE OPTIONS BELOW.			
PROVIDE DETAILS ON THE STATUS OF YOUR APPLICATION AND WHAT STAGE YOU ARE AT:			
<input type="checkbox"/> ACTIVE/OPEN			
DATE OF DEFERRAL: YY-MMM LENGTH OF DEFERRAL: REASON FOR DEFERRAL:			
<input type="checkbox"/> DEFERRED			
DATE FILE CLOSED: YY-MMM REASON FOR FILE BEING CLOSED/TERMINATED:			
<input type="checkbox"/> CLOSED/TERMINATED			

AGENCY APPLIED TO: _____			
DATE OF APPLICATION: YY-MMM _____		POSITION APPLIED FOR: _____	
CURRENT STATUS OF APPLICATION: PLEASE SELECT ONE OF THE THREE OPTIONS BELOW.			
PROVIDE DETAILS ON THE STATUS OF YOUR APPLICATION AND WHAT STAGE YOU ARE AT:			
<input type="checkbox"/> ACTIVE/OPEN			
DATE OF DEFERRAL: YY-MMM LENGTH OF DEFERRAL: REASON FOR DEFERRAL:			
<input type="checkbox"/> DEFERRED			
DATE FILE CLOSED: YY-MMM REASON FOR FILE BEING CLOSED/TERMINATED:			
<input type="checkbox"/> CLOSED/TERMINATED			



NWPD Background Application for CPU Volunteer

124. WHAT ASSOCIATION HAVE YOU HAD WITH POLICE OFFICERS OR POLICE WORK?

125. WHAT ARE YOUR THOUGHTS ABOUT THE VALUE OF THE POLYGRAPH WITH RESPECT TO THE APPLICATION PROCESS?

126. HAVE YOU BEEN REFERRED TO US BY SOMEONE WHO WORKS AT NWPD?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE THEIR NAME AND INDICATE IF THEY ARE AWARE OF YOUR APPLICATION.

127. HAVE YOU EVER BEEN ON A RIDE-ALONG WITH THE NWPD?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DATE AND DETAILS.



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I HEREBY CERTIFY THAT THE ANSWERS GIVEN BY ME IN THIS APPLICATION ARE CORRECT AND THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND COMPLETE. ENLISTMENT WITH THE NEW WESTMINSTER POLICE DEPARTMENT IS CONTINGENT UPON SUCCESSFUL COMPLETION OF ALL PHASES OF THE RECRUITMENT PROCESS. I UNDERSTAND THAT DECIET, DISHONESTY OR NON-DISCLOSURE CONCERNING QUESTIONS IN THIS DOCUMENT, OR DURING ANY OTHER STAGE OF THE RECRUITMENT PROCESS, WILL RESULT IN MY DISQUALIFICATION FROM THIS AND ANY OTHER FUTURE COMPETITIONS, OR WILL RESULT IN DISMISSAL. NO INFORMATION RECEIVED FROM INQUIRIES MADE CONCERNING STATEMENTS IN THIS QUESTIONNAIRE WILL BE RELEASED TO THE APPLICANT. I UNDERSTAND THAT INFORMATION SUPPLIED IN THIS DOCUMENT AND OBTAINED DURING THE RECRUITMENT PROCESS WILL BE CONSIDERED IN THE CONTEXT OF THE COMPETITION AND WILL BE HELD IN CONFIDENCE UNDER THOSE CIRCUMSTANCES; WITH THE EXCEPTION THAT THIS INFORMATION MAY BE MADE AVAILABLE TO OTHER POLICE AGENCIES IN CANADA AND IF APPLICABLE ANY FUTURE EMPLOYMENT OR VOLUNTEER POSITIONS WITH THE NEW WESTMINSTER POLICE DEPARTMENT. I UNDERSTAND REGULAR SECURITY CLEARANCES ARE NECESSARY TO VOLUNTEER AND WILL BE COMPLETED AT THE DISCRETION OF THE NEW WESTMINSTER POLICE DEPARTMENT WITHOUT FURTHER WRITTEN CONSENT FOR AS LONG AS I AM A VOLUNTEER WITH THE NEW WESTMINSTER POLICE DEPARTMENT.

SIGNATURE OF APPLICANT

DATE OF APPLICATION (YY-MMM-DD)

NAME OF APPLICANT