Dear Applicant,

Thank you for your interest in the New Westminster Police Department (NWPD) Victim Assistance Unit (VAU).

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.

Under the operational direction of the NWPD and in liaison with the New Westminster Victim Assistance Association, the Staff and Volunteers in VAU work together to provide integrated services to reduce the impact of crime and trauma on victims and witnesses in New Westminster. We envision a community where all victims have improved safety and reduced risk of further victimization and access to supports, information and referrals to aid in their recovery and to enhance their willingness to participate with the criminal justice process.

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 me.

Thank you for your interest and good luck.

Sincerely,

Bailey Keeler

Victim Assistance Unit Coordinator

New Westminster Police Department

604-529-2525

bkeeler@nwpolice.org

**Application Instructions**

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. This includes the *RCMP Criminal Records – Consent for Check for a Sexual Offence for which a Pardon has been Granted or Issued* form. Simply complete, sign and return all forms with your application.

4) Do not print the application double-sided.

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) 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 question

Please 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) 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.

10) 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.

11) 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.

12) 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: Bailey Keeler

555 Columbia Street New Westminster, 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 20 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.

HIGH SCHOOL EDUCATION High School graduation certificate or GED 

TRAINING Ability to attend all mandatory training 

BACKGROUND Ability to successfully complete a thorough background investigation 

SENSITIVITY Ability to demonstrate sensitivity to people of diverse cultures, lifestyles 

and ethnicity

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. Candidates must not have a criminal record and must have no pending criminal charges before the court.

COMPUTER SKILLS Preferred Skill: 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. Volunteer basic training in a classroom setting consists of 6 Saturdays and 3 weekday evenings.

55 hours

MINIMUM PROGRAM COMMITMENT HOURS

Once training is complete you are expected to commit to a minimum two shifts per month

11 hours

**Application Checklist**

Please ensure that all of the following documentation has been submitted with your application and placed in a sealed envelope **in the following order**:

 Application Checklist – Victim Assistance Unit Volunteer Program [this form]

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

 Query Information Form

 Police Information Check – Consent for Check for a Sexual Offence for which a Pardon has been Granted or

Issued

 Victim Assistance Unit Application Package including Autobiography of Applicant

 Copy of Birth Certificate

 Copy of Driver’s License

 Copy of Proof of Citizenship or Permanent Residency if applicable

**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, herby 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:

**Query Information Form**

**Victim Assistance Unit [VAU] 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:

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| **FOR ADMINISTRATIVE USE ONLY**  **RESULTS** | | | |
| **CPIC** | **PRIME** | **LEIP** | **DRIVING** |
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| **NOTES OF INTEREST** | | | |
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| QUERIES RUN BY: RESULTS REVIEWED BY: DATE QUERIES RUN: DATE REVIEWED: | | |  |
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**NWPD VAU Autobiography of Volunteer Applicant**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please write a 250 word autobiography of yourself including where you were born, raised, where you went

to school, sports you played, academic achievements, personal successes, work history, and any other

relevant information you would like us to know about you.

PLEASE HAND-WRITE.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NWPD VAU Autobiography of Volunteer Applicant**

PLEASE HAND-WRITE.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**NWPD Background Application for VAU Volunteer**

SURNAME:

**PERSONAL INFORMATION**

 Mr.

 Mrs.

 Ms.

 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 |

**NWPD Background Application for VAU 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. BEEN CHARGED

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

2. HAVE YOU EVER BEEN A VICTIM OF CRIME?

 Yes  No

IF YES, PLEASE INDICATE THE DATE(S) AND PARTICULARS

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes 

DRIVER’S LICENSE NUMBER: CLASS:

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

RESTRICTIONS:

3. HAVE YOU EVER HAD YOUR DRIVER’S LICENSE REVOKED, SUSPENDED, PLACED ON PROBATIONARY STATUS OR RECEIVED A LETTER ABOUT TOO MANY TICKETS?

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

 Yes  No

**NWPD Background Application for VAU Volunteer**

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

**DATE OR YEAR OFFENCE LOCATION (CITY & PROVINCE/STATE)**

**DRIVING HISTORY:**

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

6. HAVE YOU EVER DRIVEN WHILE UNDER SUSPENSION, PROHIBITION, OR WITHOUT A LICENSE?

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

 Yes  No

7. HAVE YOU EVER BEEN INVOLVED IN ANY MOTOR VEHICLE ACCIDENTS? WERE YOU AT FAULT?

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

 Yes  No

8. HAVE YOU EVER RECEIVED ANY INSURANCE SETTLEMENTS RESULTING FROM A MOTOR VEHICLE ACCIDENT?

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

 Yes  No

9. HAVE YOU EVER FALSIFIED, EXAGGERATED, OR LIED ABOUT AN INSURANCE CLAIM OF ANY KIND?

**NWPD Background Application for VAU Volunteer**

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

 Yes  No

11. HAVE YOU EVER BEEN INVOLVED IN A HIT AND RUN ACCIDENT, NO MATTER HOW MINOR THE DAMAGE?

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

 Yes  No

12. HAVE YOU EVER DELIBERATELY LEFT THE SCENE OF AN ACCIDENT?

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

 Yes  No

**HEALTH**

13. DO YOU HAVE ANY PHYSICAL OR MEDICAL LIMITATIONS THAT MAY PREVENT YOU FROM PERFORMING THE FULL SCOPE OF THE DUTUES ASSOCIATED WITH THE POSITION IN WHICH YOU ARE APPLYING FOR? IF YES, PLEASE EXPLAIN.

**NWPD Background Application for VAU Volunteer**

 Yes  No

YOUR LIFE. IF YOU REQUIRE EXTRA SPACE, PLEASE REPRINT THE PAGE OR INSERT A BLANK PAGE.

 **SPOUSE/PARTNER**

 **GIRLFRIEND/BOYFRIEND**

SURNAME MAIDEN NAME GIVEN NAME 1 GIVEN NAME 2

 N/A

**NWPD Background Application for VAU Volunteer**

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 | |
|  | |

**FAMILY & ASSOCIATIONS**

**NWPD Background Application for VAU Volunteer**

|  |  |
| --- | --- |
| **CHILD** |  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** |  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** |  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** |  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 VAU Volunteer**

**FAMILY & ASSOCIATIONS**

|  |  |
| --- | --- |
| **SIBLING** |  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** |  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** |  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** |  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 VAU Volunteer**

|  |  |
| --- | --- |
| **STEP OR HALF PARENT** |  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 | |
|  | |

|  |  |
| --- | --- |
| **STEP OR HALF PARENT** |  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 | |
|  | |

|  |  |
| --- | --- |
| **MOTHER-IN-LAW** |  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 | |
|  | |

|  |  |
| --- | --- |
| **FATHER-IN-LAWER** |  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 | |
|  | |

**NWPD Background Application for VAU Volunteer**

|  |  |
| --- | --- |
| **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 | |
|  | |

**NWPD Background Application for VAU Volunteer**

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 |



**NWPD Background Application for VAU Volunteer**

15. LIST ALL PERSONS (OTHER THAN YOUR SPOUSE/PARTNER OR FAMILY) WITH WHOM YOU HAVE RESIDED WITH OVER THE PAST 5

YEARS (I.E. ROOMMATES, INTERNATIONAL STUDENTS, ETC.).

SURNAME GIVEN NAME DATE OF BIRTH (YY-MMM-DD)

16. HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIMINAL OFFENCE?

**NWPD Background Application for VAU Volunteer**

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

 Yes  No

**RESIDENCES**

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

**NWPD Background Application for VAU Volunteer**



ADDRESS CITY/PROVINCE/STATE COUNTRY

DATE: YY-MMM FROM TO

18. 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 : |  |  YES |  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:

 Full Time

 Part Time

UNIVERSITY ATTENDED: CITY/PROVINCE:

MAJOR AREA OF STUDY: TOTAL CREDITS OBTAINED:

DEGREE AWARDED:

FROM: YY-MMM TO: YY-MMM STUDIED:

 Full Time

 Part Time

BUSINESS, TRADE OR TECHNICAL

SCHOOL ATTENDED: CITY/PROVINCE:

COURSE NAME: TOTAL CREDITS OBTAINED:

LICENSE, CERTIFICATE OR DIPLOMA AWARDED:

**NWPD Background Application for VAU Volunteer**

FROM: YY-MMM TO: YY-MMM STUDIED:

 Full Time

 Part Time

**NWPD Background Application for VAU Volunteer**

19. PLEASE LIST OTHER RELEVANT EDUCATIONAL COURSES, WORKSHOPS, SEMINARS, TRAINING, LICENSES, AND CERTIFICATES.

INCLUDE COMPLETION DATE.

20. 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?

**EDUCATION**

21. HAVE YOU EVER CHEATED ON AN EXAM?

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

 Yes  No

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

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

 Yes  No

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

**NWPD Background Application for VAU Volunteer**

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

 Yes  No

24. 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

 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:

**NWPD Background Application for VAU Volunteer**

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?

EMPLOYER:

 PRESENT

 PREVIOUS

 FULL-TIME

 PART-TIME # HRS/MONTH

EMPLOYER ADDRESS:

EMPLOYER PHONE NUMBER:

DATE OF EMPLOYMENT

FROM: TO:

**NWPD Background Application for VAU Volunteer**

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?

**VOLUNTEER**

25. 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 TITLE:

YOUR INVOLVEMENT

STARTED: ENDED: 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 TITLE:

YOUR INVOLVEMENT

STARTED: ENDED: SUPERVISOR’S

NAME & TITLE:

**NWPD Background Application for VAU Volunteer**



BRIEF DESCRIPTION OF YOUR DUTIES:

REASON FOR LEAVING?

27. ARE YOU ENGAGED IN ANY BUSINESS AS AN OWNER OR PARTNER (ACTIVE OF SILENT)?

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

 Yes  No

28. HAVE YOU EVER FILED FOR OR RECEIVED WORKERS’ COMPENSATIONS FOR AN “ON THE JOB INJURY”?

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

 Yes  No

29. HAVE YOU EVER RECEIVED DISABILITY BENEFITS OR PENSION FROM ANY OTHER SOURCE?

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

 Yes  No

30. HAVE YOU HELD ANY EMPLOYMENT OR VOLUNTEER WORK THAT YOU HAVE NOT DISCLOSED?

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

 Yes  No

31. HAVE YOU EVER HELD EMPLOYMENT UNDER ANOTHER NAME?

**NWPD Background Application for VAU Volunteer**

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

 Yes  No

33. HAVE YOU EVER BEEN THE COMPLAINANT OR RESPONDENT OF A WORKPLACE HARASSMENT COMPLAINT?

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

 Yes  No

34. HAVE YOU EVER BEEN UNEMPLOYED FOR EXTENDED PERIODS?

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

 Yes  No

35. HAVE YOU COLLECTED EMPLOYMENT INSURANCE BENEFITS OR WELFARE?

 Yes  No

36. 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

37. HAVE YOU EVER BEEN FIRED, LAID OFF OR LET GO FROM A JOB?

**NWPD Background Application for VAU Volunteer**

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

 Yes  No

39. HAVE YOU EVER BOOKED OFF SICK WHEN YOU HAVE NOT BEEN?

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

 Yes  No

40. 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

**NWPD Background Application for VAU Volunteer**

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41. 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 |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| CRACK |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| ECSTASY |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| HASHISH |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| HEROIN |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| LSD |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| METHAMPHETAMINE |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| MUSHROOMS |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| PCP |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| SPEED |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| DESIGNER DRUGS |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| INHALENTS [GAS/GLUE] |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |
| OTHER |  YES |  NO | # OF TIMES: | WHEN: YY-MMM |

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

43. WHEN DID YOU LAST USE AN ILLEGAL DRUG?

WHAT WERE THE CIRCUMSTANCES [WHEN, WHERE] & WHAT TYPE OF DRUG DID YOU USE?

 N/A

44. HAVE YOU EVER PURCHASED OR SOLD ILLEGAL DRUGS?

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

 Yes  No

45. HAVE YOU EVER GROWN, MANUFACTURED, IMPORTED, AND/OR TRANSPORTED ILLEGAL DRUGS?

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

 Yes  No

46. 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

47. HAVE YOU EVER DRIVEN WHILE YOU HAVE BEEN UNDER THE INFLUENCE OF DRUGS?

IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES] & WHAT DRUG(S) DID YOU USE?

 Yes  No

48. HAVE YOU EVER WORKED WHILE UNDER THE INFLUENCE OF DRUGS?

**NWPD Background Application for VAU Volunteer**

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

49. HAVE YOU EVER SOUGHT HELP FOR SUBSTANCE ABUSE ISSUES?

**NWPD Background Application for VAU Volunteer**

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

 Yes  No

 Yes  No

**ALCOHOL**

50. DO YOU DRINK ALCOHOL?

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

 Yes  No

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

PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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

53. 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

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

**NWPD Background Application for VAU Volunteer**

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

 Yes  No

**ALCOHOL**

55. HAVE YOU EVER CONSUMED ALCOHOL WHILE YOU WERE WORKING?

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

 Yes  No

56. HOW MANY TIMES HAVE YOUR 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?

57. HAVE YOU EVER RECEIVED COUNSELLING OR TREATMENT FOR ALCOHOL ABUSE?

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

 Yes  No

**NWPD Background Application for VAU Volunteer**



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

**MARIJUANA**

59. DO YOU USE MARIJUANA?  Yes  No

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

60. WHEN AND WHY ARE YOU MOST LIKELY TO CONSUME MARIJUANA?

PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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

62. HAS YOUR CONSUMPTION OF MARIJUANA EVER CAUSED A PROBLEM IN YOUR JOB, HOME, SCHOOL OR COMMUNITY? IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

**NWPD Background Application for VAU Volunteer**

 Yes  No



**MARIJUANAA**

63. HAVE YOU EVER CONSUMED MARIJUANA WHILE YOU WERE WORKING?

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

 Yes  No

64. WHAT IS THE WORST THING YOU HAVE DONE WHILE UNDER THE INFLUENCE OF DRUGS OR ALCOHOL?

PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

65. HOW MANY TIMES HAVE YOUR DRIVEN WHILE YOU HAVE BEEN UNDER THE INFLUENCE OF MARIJUANA AND THOUGHT YOU WERE TOO HIGH TO DRIVE? PLEASE PROVIDE DETAILS - HOW MUCH DID YOU CONSUME AND OVER WHAT PERIOD OF TIME? WHEN DID THIS OCCUR?

66. HAVE YOU EVER RECEIVED COUNSELLING OR TREATMENT FOR MARIJUANA ABUSE?

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

 Yes  No

**NWPD Background Application for VAU Volunteer**

67. WHAT IS YOUR OWN DEFINITION OF BEING HIGH / INTOXICATED?

**FIREARMS**

68. DO YOU CURRENTLY OWN ANY FIREARMS? IF YES, PROVIDE AN ITEMIZED LIST BELOW:  Yes  No

**NWPD Background Application for VAU Volunteer**

69. DO YOU CURRENTLY HAVE A VALID LICENSE TO POSSESS OR OWN FIREARMS?  Yes  No

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

71. 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

**LIFESTYLE & INTEGRITY**

72. HAVE YOU EVER CAUSED THE DEATH OF ANOTHER PERSON?  Yes  No

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

73. HAVE YOU EVER CONTRIBUTED IN ANY WAY TO THE DEATH OF ANOTHER PERSON?

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

 Yes  No

74. ARE YOU AWARE OF ANY REASONS THAT MAY DISQUALIFY YOU AS A POTENTIAL CIVILIAN EMPLOYEE? IF YES, PLEASE PROVIDE DETAILS.

 Yes  No

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75. DESCRIBE THE WORST EXPERIENCE OF YOUR LIFE?

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

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

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78. WHAT IS YOUR BIGGEST FEAR IN LIFE?

79. WHAT ARE YOUR PLANS FOR THE FUTURE?

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

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

1.

2.

3.

82. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO BE A VICTIM SERVICE VOLUNTEER WITH THE NWPD:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**POLICE AGENCY APPLICATIONS**



**NWPD Background Application for VAU Volunteer**

83. HAVE YOU APPLIED WITH A POLICE 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:

 ACTIVE/OPEN

 DEFERRED

DATE OF DEFERRAL: YY-MMM LENGTH OF DEFERRAL: REASON FOR DEFERRAL:

 CLOSED/TERMINATED

DATE FILE CLOSED: YY-MMM REASON FOR FILE BEING 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:

 ACTIVE/OPEN

 DEFERRED

DATE OF DEFERRAL: YY-MMM LENGTH OF DEFERRAL: REASON FOR DEFERRAL:

 CLOSED/TERMINATED

DATE FILE CLOSED: YY-MMM REASON FOR FILE BEING CLOSED/TERMINATED:



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

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

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

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

 Yes  No

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

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IF YES, PLEASE PROVIDE DATE AND DETAILS.

 Yes  No

**NWPD Background Application for VAU Volunteer**

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