



New Westminster Police Department

Dear Applicant,

Thank you for your interest in the New Westminster Police Department (NYPD) 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 NYPD 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



New Westminster Police Department

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



New Westminster Police Department

Applicant Minimum Requirements Victim Assistance Unit [VAU] 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	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



New Westminster Police Department

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



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 _____

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: _____



New Westminster Police Department

Query Information Form Victim Assistance Unit [VAU] Volunteer

TO BE COMPLETED BY THE APPLICANT:	
TITLE:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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:	_____



New Westminster Police Department

NWPD Background Application for VAU Volunteer

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. 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



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DRIVING INFORMATION

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? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

4. LIST ALL OF YOUR DRIVING OFFENCES BELOW:

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

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



DRIVING INFORMATION

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

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

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

9. 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

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

11. 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].

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

HEALTH

13. 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



FAMILY & ASSOCIATIONS

14. 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.

<input type="checkbox"/> SPOUSE/PARTNER				<input type="checkbox"/> N/A
<input type="checkbox"/> 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		



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		



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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		



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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 IN RELATIONSHIP	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 IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM	

MOTHER-IN-LAW			<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 IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM	

FATHER-IN-LAWER			<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 IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM	



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FORMER SPOUSE OR PARTNER				<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 IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM		

FORMER SPOUSE OR PARTNER				<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 IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM		

ROOMMATE OR ANYONE ELSE LIVING WITH YOU				<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 LIVING TOGETHER	FROM: YY-MMM	TO: YY-MMM		

ROOMMATE OR ANYONE ELSE LIVING WITH YOU				<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 LIVING TOGETHER	FROM: YY-MMM	TO: YY-MMM		



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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:				<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		

OTHER – PLEASE SPECIFY RELATIONSHIP:				<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		

OTHER – PLEASE SPECIFY RELATIONSHIP:				<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		



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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)
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16. HAS ANY MEMBER OF YOUR FAMILY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIMINAL OFFENCE? Yes No

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



EDUCATION

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 : <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

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? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

22. HAVE YOU EVER PLAGIARIZED AN ESSAY OR ANY SCHOOL WORK? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

23. HAVE YOU EVER BEEN SUSPENDED OR FORMALLY REPRIMANDED BY AN EDUCATIONAL INSTITUTION? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



EMPLOYMENT

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 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? _____



New Westminster Police Department

EMPLOYMENT

REASON FOR LEAVING?



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EMPLOYMENT

EMPLOYER:

- PRESENT
- PREVIOUS

- FULL-TIME
- PART-TIME #__HRS/MONTH

EMPLOYER ADDRESS: _____

DATE OF EMPLOYMENT

EMPLOYER PHONE NUMBER: _____

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: _____

DATE OF EMPLOYMENT

EMPLOYER PHONE NUMBER: _____

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? _____



New Westminster Police Department

EMPLOYMENT

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 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

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

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

28. 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].

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

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

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



EMPLOYMENT

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

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

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

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? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



EMPLOYMENT

38. 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

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



DRUGS

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	<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	_____
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	_____

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



New Westminster Police Department

DRUGS

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



DRUGS

48. HAVE YOU EVER WORKED WHILE UNDER THE INFLUENCE OF DRUGS?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

Yes No

49. HAVE YOU EVER SOUGHT HELP FOR SUBSTANCE ABUSE ISSUES?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES]

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?

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

Yes

No



ALCOHOL

55. HAVE YOU EVER CONSUMED ALCOHOL WHILE YOU WERE WORKING? Yes No
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

56. 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?

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

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].

Yes

No



MARIJUANA

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 YOU 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

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

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?
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES] Yes No

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?

Yes No

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

74. ARE YOU AWARE OF ANY REASONS THAT MAY DISQUALIFY YOU AS A POTENTIAL CIVILIAN EMPLOYEE?

Yes No

IF YES, PLEASE PROVIDE DETAILS.

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



LIFESTYLE & INTEGRITY

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

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:			
<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		



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?

Yes

No

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

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

Yes

No

IF YES, PLEASE PROVIDE DATE AND DETAILS.



New Westminster Police Department

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