



**New Westminster  
Police Department**

**Victim Assistance Unit**

**Volunteer Application Package**

**2014**



# New Westminster Police Department

Dear Applicant,

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

Under the operational direction of the ***New Westminster Police Department***, in liaison with the ***New Westminster Victim Assistance Association*** the Staff and Volunteers 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, access to the support, information and referrals they need to aid in their recovery and to enhance their willingness to participate with the criminal justice process.

We invite you to apply for a volunteer position within our ***Victim Assistance Unit***. Please find attached instructions and application package.

**The deadline for submitting applications for the winter 2015 training course is Friday October 24, 2014.**

If you have questions about this application, please call our general office (604) 529-2525 so our staff can assist you.

Sincerely,

Cheryl Meyers, Manager  
Victim Services and Emergency Support Services  
New Westminster Police Department



# 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	✓
TRAINING	Ability to attend all mandatory training	✓
BACKGROUND AND SECURITY	Ability to successfully complete a thorough background investigation and maintain departmental security clearance	✓
SENSITIVITY	Ability to demonstrate sensitivity to people of diverse cultures, lifestyles and ethnicity	✓
COMMUNICATION SKILLS	Excellent verbal and written communication skills	✓
INTEGRITY AND INTERPERSONAL SKILLS	Ability to relate effectively to a wide variety of people and situations	✓
	Ability to react appropriately in any socio-economic environment	✓
	Ability to be supportive but not intrusive	✓
	Ability to use tact and good judgement	✓
	Ability to respect and maintain confidentiality	✓
	Ability to display professional behavior	✓
	Ability to accept direction and supervision	✓
	Excellent communication skills (verbal and written), including empathic listening skills	✓
	Ability to handle stress	✓
LENGTH OF SERVICE	Must be willing to commit to the service for a minimum of 1 year	✓
MINIMUM PROGRAM COMMITMENT HOURS	Once training is complete you are expected to commit to a minimum of two shifts per month	✓



# New Westminster Police Department

## Application Instructions for Victim Assistance Unit [VAU] 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.
- 3) The forms in this package are not intended for any other police agency; all police record checks will be performed by NWPD. Complete, sign and return all forms with your application.
- 4) 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.
- 5) Incomplete or illegible applications will not be reviewed.
- 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) When answering questions with a yes/no box, please place an "X" in the box you wish to select.
- 8) 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.
- 9) If extra space is required to answer questions, **do not write on the back/flip side of any pages**, choose one of the following:
  - a. If you have printed the application form from the website; just re-print the specific page and continue answering your question
  - b. If you picked up an application form from the police department, insert a blank page and continue answering your questionPlease make sure you indicate that you are continuing to answer on the following page, write the question # that you are continuing to answer and make sure to edit the page number. For example, if you reprinted page 24 then indicate on that page that it is page 24-A.
- 10) All information is subject to verification by investigation. False, misleading, or undisclosed information in this document or at any other stage in the application process will result in the termination of your application, or dismissal.
- 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  
Victim Assistance Unit  
555 Columbia Street  
New Westminster, BC  
V3L 1B2



# New Westminster Police Department

## Application Checklist Victim Assistance Unit Volunteer Program

Applicant Name: \_\_\_\_\_ Date Application Submitted: \_\_\_\_\_

I am applying for the **Victim Assistance 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 – Victim Assistance Unit Volunteer Program [this form]
- ☐ Volunteer Victim Assistance Unit Background Application Package
- ☐ Copy of Proof of Citizenship or Permanent Residency if applicable
- ☐ Copy of Driver's License
- ☐ RCMP Criminal Records - Consent for Check for a Sexual Offence for which a Pardon has been Granted or Issued (fill out form; include signature; return with application) (Form 1)
- ☐ Query Information Form (fill out form; include signature; return with application) (Form 2)
- ☐ Consent to Release of Personal and/or Private Information, Waiver and Release (Form 3)
- ☐ Autobiography of Volunteer Applicant (Form 4)
- ☐ Application Signature Document (Form 5)



# NEW WESTMINSTER POLICE DEPARTMENT

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

## VICTIM SERVICES 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:



## 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 VOLUNTEER POSITION.

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

## VICTIM HISTORY

2. HAVE YOU EVER BEEN A VICTIM OF CRIME? ☐ Yes ☐ No  
IF YES, PLEASE INDICATE THE DATE(S) PLUS PARTICULARS



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. WHERE YOU WERE 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 OF VICTIM SERVICES VOLUNTEER? ☐ Yes ☐ No  
IF YES, PLEASE EXPLAIN.



HEALTH

14. ARE YOU CURRENTLY BEING TREATED FOR ANY MEDICAL CONDITIONS?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DETAILS.

15. ARE YOU CURRENTLY TAKING ANY PILLS OR MEDICATION?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DETAILS.

16. ANY PHYSICAL OR MENTAL HEALTH DISORDERS NOT DISCLOSED?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DETAILS.

17. ANY MEDICATION NOT DISCLOSED?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DETAILS.



HEALTH

18. HAVE YOU EVER CONTEMPLATED SUICIDE?

☐ Yes

☐ No

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

19. WHAT DO YOU DO TO MAINTAIN YOUR PHYSICAL HEALTH AND FITNESS?

20. ARE YOU AWARE OF ANY REASON THAT YOU WOULD NOT BE ABLE TO PERFORM THE PHYSICAL AND MENTAL DUTIES OF A VICTIM SERVICES VOLUNTEER?

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DETAILS.



## FAMILY &amp; ASSOCIATIONS

21. 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



## FAMILY &amp; ASSOCIATIONS

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

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

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

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



## FAMILY & ASSOCIATIONS

<b>SIBLING</b>			<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	

<b>SIBLING</b>			<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	

<b>SIBLING</b>			<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	

<b>SIBLING</b>			<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 Package

### FAMILY & ASSOCIATIONS

<b>STEP OR HALF PARENT</b>			<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	

<b>STEP OR HALF PARENT</b>			<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	

<b>MOTHER-IN-LAW</b>			<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	

<b>FATHER-IN-LAW</b>			<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	





## FAMILY &amp; 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 &amp; 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 &amp; 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 &amp; 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 &amp; EMPLOYER

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



## FAMILY &amp; 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
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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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## OTHER – PLEASE SPECIFY RELATIONSHIP:

☐ N/A

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
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ADDRESS	DATE OF BIRTH: YY-MMM-DD
---------	--------------------------

PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER
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# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM
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## OTHER – PLEASE SPECIFY RELATIONSHIP:

☐ N/A

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER
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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

22. 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)

23. 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

24. IF ANY MEMBER OF YOUR FAMILY HAS BEEN A VICTIM OF A CRIME, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].



RESIDENCES

25. 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



## EDUCATION

26. 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

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

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28. PLEASE ANSWER THE FOLLOWING QUESTIONS IN REFERENCE TO YOUR MOST RECENT POST-SECONDARY EDUCATIONAL EXPERIENCE OVER THE PAST 10 YEARS:

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

29. HAVE YOU EVER CHEATED ON AN EXAM? ☐ Yes ☐ No  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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

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



## EMPLOYMENT

32. BEGIN WITH YOUR PRESENT EMPLOYER. PLEASE LIST & DESCRIBE EVERY POSITION YOU HAVE HELD OVER THE PAST 10 YEARS. 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? \_\_\_\_\_





## EMPLOYMENT

EMPLOYER:

☐ PRESENT☐ PREVIOUS☐ FULL-TIME☐ PART-TIME #\_\_\_\_HRS/MONTH

EMPLOYER ADDRESS: \_\_\_\_\_

EMPLOYER PHONE NUMBER: \_\_\_\_\_

DATE OF EMPLOYMENT

FROM: \_\_\_\_\_

TO: \_\_\_\_\_

SUPERVISOR'S NAME &amp; 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 &amp; 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**

33. 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

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

35. ARE YOU ENGAGED IN ANY BUSINESS AS AN OWNER OR PARTNER (ACTIVE OR SILENT)?  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No

36. HAVE YOU HELD ANY EMPLOYMENT OR VOLUNTEER WORK THAT YOU HAVE NOT DISCLOSED?  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No

37. HAVE YOU EVER HELD EMPLOYMENT UNDER ANOTHER NAME?  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No

38. HAVE YOU EVER BEEN DISCIPLINED AND OR DOCUMENTED FOR INAPPROPRIATE BEHAVIOUR AT WORK?  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No

39. HAVE YOU EVER BEEN THE COMPLAINANT OR RESPONDENT OF A WORKPLACE HARASSMENT COMPLAINT?  
IF YES, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No



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

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

42. 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

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



EMPLOYMENT

44. 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

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

46. 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



## FINANCIAL

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

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

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

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

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

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

53. HAVE YOU EVER HAD ANYTHING REPOSSESSED AS A RESULT OF BAD DEBT? ☐ Yes ☐ No



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

54. HAVE YOU EVER HAD OR DO YOU CURRENTLY HAVE A PROBLEM WITH DEBT? IF SO, OUTLINE HOW YOU HANDLE THIS DEBT PROBLEM, PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

☐ Yes ☐ No

55. WHAT IS THE CURRENT STATUS OF YOUR ASSETS VS YOUR DEBT?.

### DRUGS

56. 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 _____



## NWPD Background Application Package

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 _____

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

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DRUGS

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

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

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

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



DRUGS

62. 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?

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

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



ALCOHOL

65. DO YOU DRINK ALCOHOL? ☐ Yes ☐ No  
IF YES, HOW MUCH AND HOW OFTEN [DAILY, WEEKLY, MONTHLY] DO YOU DRINK?

66. WHEN AND WHY ARE YOU MOST LIKELY TO CONSUME ALCOHOL?  
PLEASE PROVIDE DETAILS [WHEN, WHERE & CIRCUMSTANCES].

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

68. 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

69. 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].



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

☐ Yes ☐ No

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

72. 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?

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

☐ Yes ☐ No

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



FIREARMS

75. DO YOU CURRENTLY OWN ANY FIREARMS?

IF YES, PROVIDE AN ITEMIZED LIST BELOW:

☐ Yes

☐ No

76. HAVE YOU PREVIOUSLY OWNED ANY FIREARMS?

IF YES, PROVIDE DETAILS:

☐ Yes

☐ No

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

☐ Yes

☐ No



## 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].



## 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].

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].

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





## 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].



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



## 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].



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



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 VAU VOLUNTEER? 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?



LIFESTYLE & INTEGRITY

118. WHAT IS YOUR BIGGEST FEAR IN LIFE?

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119. WHAT ARE YOUR PLANS FOR THE FUTURE?

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

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

1.

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2.

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3.

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122. BRIEFLY DESCRIBE YOUR REASONS FOR WISHING TO BE A VICTIM SERVICE VOLUNTEER WITH NEW WESTMINSTER POLICE DEPARTMENT

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## 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    ☐ NOIF 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 NYPD 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

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

☐ DEFERRED

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

☐ 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

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

☐ DEFERRED

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

☐ CLOSED/TERMINATED



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

125. HAVE YOU BEEN REFERRED TO US BY SOMEONE WHO WORKS OR VOLUNTEERS AT NWPD?

☐ Yes

☐ No

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

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

☐ Yes

☐ No

IF YES, PLEASE PROVIDE DATE AND DETAILS.

127. HAVE YOU APPLIED TO A VICTIM SERVICES PROGRAM BEFORE?

☐ Yes, as Staff

☐ Yes, as Volunteer

☐ No

ORGANIZATION APPLIED TO \_\_\_\_\_

DATE YOU APPLIED \_\_\_\_\_

CURRENT STATUS OF APPLICATION

☐ Active

☐ Deferred

☐ Closed





## 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 Volunteer Victim Assistance Caseworker	Name of the person or organization Manager Victim Services
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><b>Fingerprint: For card scan submissions only.</b></p> <div></div>
Contributing Agency New Westminster Police Department - Manager of Victim Services		
Signature of Applicant	Date (yyyy-mm-dd)	

Finger: \_\_\_\_\_



# New Westminster Police Department

## Query Information Form Victim Assistance Unit [VAU] Volunteer (Form 2)

### 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: \_\_\_\_\_



# New Westminster Police Department

## Consent to Release of Personal and/or Private Information, Waiver and Release (Form 3)

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: \_\_\_\_\_

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

Date: \_\_\_\_\_

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.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

### Autobiography of Volunteer Applicant (cont.)

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

Date: \_\_\_\_\_

[illegible]



# New Westminster Police Department

## Applicant Signature Document Victim Assistance Unit [VAU] Volunteer (Form 5)

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.

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SIGNATURE OF APPLICANT

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DATE OF APPLICATION (YY-MMM-DD)

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NAME OF APPLICANT