



BRANTFORD POLICE SERVICE

CITIZENS ON PATROL PROGRAM

P.O. Box 1116
Brantford, Ontario N3T 5T3



APPLICATION FOR
COPs VOLUNTEER
MEMBER

Address all correspondence
to:
CHIEF OF POLICE

AN EQUAL OPPORTUNITY EMPLOYER

Personal information relating to the recruitment and selection process is collected under the authority of the Police Services Act and will be used to determine suitability as a volunteer with the Brantford Police Service Citizen on Patrol Program. Information is subject to verification and confirmation with corresponding documents at any time. Continuation in the selection process is dependant upon the receipt of various documents at different stages. Questions about this collection of personal information should be directed to the Community Safety and Crime Prevention Section of the Brantford Police Service.

Please **PRINT (or type)** clearly and answer all questions fully.
Incomplete applications may not be considered.

Submit completed application package to above address marked Attention: Citizen's On Patrol Recruitment

PERSONAL DATA:		
Last Name	Given Name	Middle Name
Address	Apt. No.	Home Phone No.
City	Province	Postal Code
		Business Phone No.
Are you legally eligible to work in Canada?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you ever been convicted of a criminal offence for which a pardon has not been granted?		
		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you 18 years of age or older		Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a valid driver's license?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you able to provide volunteer service on a monthly basis totaling a minimum of 36 hours annually?		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
Have you worked/volunteered here previously?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, When: _____ What position(s) _____		
(Month/Year to Month/Year)		

EMPLOYMENT HISTORY: List ALL previous employers, attach additional pages if required.

YOUR PRESENT OR LAST WORK	BRIEFLY DESCRIBE YOUR DUTIES
EMPLOYER ADDRESS PHONE No. JOB TITLE EMPLOYED FROM: TO: SUPERVISOR HIS/HER TITLE REASON FOR LEAVING	
YOUR WORK BEFORE THAT	BRIEFLY DESCRIBE YOUR DUTIES
EMPLOYER ADDRESS PHONE No. JOB TITLE EMPLOYED FROM: TO: SUPERVISOR HIS/HER TITLE REASON FOR LEAVING	
VOLUNTEER EXPERIENCE	BRIEFLY DESCRIBE YOUR DUTIES
ORGANIZATION ADDRESS PHONE No. JOB TITLE EMPLOYED FROM: TO: SUPERVISOR HIS/HER TITLE REASON FOR LEAVING	
IF NOW EMPLOYED, MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes <input type="checkbox"/> No <input type="checkbox"/>	

CHARACTER REFERENCES: List three (3) people whom we may personally contact or write for a character reference.
 (DO NOT LIST RELATIVES, FORMER EMPLOYERS, PRIESTS, PASTORS, MINISTERS OF RELIGION, OR POLITICAL LEADERS)

NAME	HOME PHONE NUMBER
ADDRESS	BUSINESS PHONE NUMBER
RELATIONSHIP: (i.e.: friend, co-worker)	YEARS KNOWN
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ADDRESS	BUSINESS PHONE NUMBER
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ADDRESS	BUSINESS PHONE NUMBER
RELATIONSHIP: (i.e.: friend, co-worker)	YEARS KNOWN

APPLICANT – PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:

I confirm that the information given is true and correct to the best of my knowledge. I authorize the **BRANTFORD POLICE SERVICE** to collect personal information concerning myself including academic records, pre-volunteer testing results and assessments, aptitude test(s) results, work history, disciplinary records, financial records, character statements, and non-pardoned criminal records from sources other than myself. Furthermore, I hereby absolve and save harmless members of the **BRANTFORD POLICE SERVICES BOARD**, the **BRANTFORD POLICE SERVICE** and all its individual employees from all liability, cause of action, or damages resulting from the release of any or all such information. I agree to comply with all **BRANTFORD POLICE SERVICE** directives, Rules and Regulations, safety procedures, the Ontario Police Services Act and other Terms and Conditions of volunteer service as may be instituted or revised by the **BRANTFORD POLICE SERVICE** from time to time.

REFERENCES:

For employment and/or character references, I, _____ (Print Name)
 Authorize the **BRANTFORD POLICE SERVICE** to contact and collect information concerning my job performance and character from employers/supervisors and persons named herein. The persons named herein may furnish information they may have concerning my suitability for the position applied for to the **Brantford Police Service**, and I do release such individual from any and all liability by reason of furnishing such information.

I agree and understand that any misrepresentation of facts shall constitute just cause for the termination of my volunteer service and/or association with the **BRANTFORD POLICE SERVICE**, at any time.

Furthermore, I agree and understand the information obtained through background investigation checks concerning job performance and character references from employers, supervisors, and those named herein is a confidential process. Information obtained through background investigation will not be available to me or my representative.

DATED _____ Applicant's Signature _____

As an equal opportunity employer, accommodation will be made whenever possible for volunteers attached to the Citizens on Patrol Program.