

CENTRAL OKANAGAN



Central Okanagan Crime Stoppers Society
 1450 KLO Road, Kelowna BC V1W 3Z4
 Phone 250-469-6307
 Submit application to:
crimestoppers@rdco.com

VOLUNTEER / DIRECTOR CONSENT FORM

Volunteer Application Director Application Application Date: _____

Last Name	First Name	Middle Name
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Address	City	Postal Code
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Date of Birth (YYYY/MM/DD)	City of Birth	Province/Country of Birth	Maiden Name
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Home Phone #:	Business Phone #:	Cell Phone #	E-mail Address:
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If address is less than 5 years, list previous address(es)	From	To
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Drivers Licence #	Province of Issue	Have you ever been convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/>
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FOR OFFICE USE ONLY			
Accepted <input type="checkbox"/> Not Accepted <input type="checkbox"/>	CPIC	PIRS	Occupation
Signature _____			X
Date: _____	CNI	MVB	Signature

It is understood that the above noted person has applied to become a volunteer / director of the Central Okanagan Crime Stoppers Society and that the Society demands that every person living in the same residence as a Crime Stoppers' volunteer / director be of good character and not be suspected of, charged with, or convicted of a criminal offence. We authorize The Royal Canadian Mounted Police (RCMP) to make any inquiry necessary to determine the approval or disapproval of this application. Each signatory will be given the opportunity to see and discuss any information pertaining to oneself which results in disapproving this application. The signatories understand that information from this application may become available, as required, to coordinators and other persons working with Crime Stoppers. All program participants are subject to periodic re-screening.

ALL OTHER RESIDENTS IN APPLICANT'S HOME (i.e., children, relatives, nannies, etc.)

Spouse Last Name	First Name	Middle Name	X Signature
Date of Birth (YYYY/MM/DD)	City of Birth/Province/Country	Drivers Licence	CPIC/CNI/PRIME/MVB
Last Name	First Name	Middle Name	X Signature
Date of Birth (YYYY/MM/DD)	City of Birth/Province/Country	Drivers Licence	CPIC/CNI/PRIME/MVB
Last Name	First Name	Middle Name	X Signature
Date of Birth (YYYY/MM/DD)	City of Birth/Province/Country	Drivers Licence	CPIC/CNI/PRIME/MVB



NOTE: All persons must undergo both a criminal record check and a background check before being considered as a volunteer / director.

NOTICE OF COLLECTION OF PERSONAL INFORMATION:

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. Personal information on this form is collected under the authority of the Municipal Act R.S.B.C 1996 c323 and the Freedom of Information and Protection of Privacy Act, R.S.B.C. 1996, c165 and is necessary for the operation of the Central Okanagan Crime Stoppers (COCS) and related activities. Questions about the collection of this information are to be directed to the COCS Coordinator at 250-469-6307.

VOLUNTEER / DIRECTOR APPLICATION FORM

Last Name	First Name	Middle
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Address	City	Postal Code
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How long have you lived in the Kelowna area?

Name of Reference	Phone	May we contact your reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Reference	Phone	May we contact your reference? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of Reference	Phone	May we contact your reference? Yes <input type="checkbox"/> No <input type="checkbox"/>

COMPLETE THE FOLLOWING SECTION IF YOU ARE CURRENTLY VOLUNTEERING IN OTHER ORGANIZATIONS

Name of Organization	Type of Service You Provide
Name of Supervisor	Phone
May we contact your supervisor? Yes <input type="checkbox"/> No <input type="checkbox"/>	

What knowledge or resources do you have which might be beneficial to the Crime Stoppers Organization?

What skills do you have?

Have you ever applied to be a Crime Stoppers volunteer in the past?

Within the Central Okanagan? Yes No If Yes, when? _____

Outside the Central Okanagan? Yes No If Yes, when? _____

Why do you want to volunteer with Crime Stoppers?

Please indicate the time commitment you can provide _____ hours per _____

What days/times are you available?

Can you make a one-year commitment? Yes No

Will you complete training? Yes No

Would you attend a board / committee meeting? Monthly _____ Bi-Monthly _____

What are your expectations in volunteering for Crime Stoppers?