



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 470-6215.

VOLUNTEER / DIRECTOR CONSENT FORM

Please circle which of the above you are interested in.

Last Name	First Name	Middle Name	Marital Status	
			Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	
Address			City	Postal Code
Date of Birth (YYYY/MM/DD)	City of Birth		Province/Country of Birth	Maiden Name
Home Telephone	Business Telephone	May we call you at work? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If address is less than 5 years, list previous address(es)				To
		From		
Drivers Licence No.	Province of Issue	Have you ever been convicted of a criminal offence? Yes <input type="checkbox"/> No <input type="checkbox"/>		

FOR OFFICE USE ONLY				
Accepted <input type="checkbox"/>		Not Accepted <input type="checkbox"/>		
Signature _____	CPIC	PIRS	Occupation	
Date: _____	CNI	MVB	X 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. The signatories understand the application approval rests with the RCMP and may be revoked at any time. 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
Maiden Name			
Date of Birth (YYYY/MM/DD)	City of Birth/Province/Country	Drivers Licence	CPIC/CNI/PIRS/MVB
Last Name	First Name	Middle Name	X Signature
Date of Birth (YYYY/MM/DD)	City of Birth/Province/Country	Drivers Licence	CPIC/CNI/PIRS/MVB
Last Name	First Name	Middle Name	X Signature
Date of Birth (YYYY/MM/DD)	City of Birth/Province/Country	Drivers Licence	CPIC/CNI/PIRS/MVB



Central Okanagan Crime Stoppers Society
350 Doyle Avenue, Kelowna, BC V1Y 6V7
Phone: (250) 470-6215 Fax: (250) 470-6347 Email: crimestoppers@shaw.ca

VOLUNTEER / DIRECTOR APPLICATION FORM

Please circle which of the above you are interested in.

Last Name	First Name	Initial	
Address		City	Postal Code

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? (i.e., typing, filing, computers, etc.)

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 approximately six hours of training? Yes No

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

What are your expectations in volunteering for Crime Stoppers?