



# COQUITLAM RCMP VOLUNTEER APPLICATION

All information contained in this pre-screening application, provided by the applicant will be protected by the Royal Canadian Mounted Police (RCMP) in accordance with applicable legislation. Information collected is used only to determine eligibility and suitability of the applicant.

**In-person submission:** Please submit this application form with a Police Information Check with Vulnerable Sector. Please also include a copy of your government issued ID.

**You may drop off completed applications at any of these locations.**

2986 Guildford Way, Coquitlam  
 557 Emerson St, Coquitlam  
 1059 Ridgeway Ave, Coquitlam

2581 Mary Hill Rd, Port Coquitlam  
 3312 Coast Meridian Rd, Port Coquitlam

## Pre-screening Questionnaire: (Required to process application)

Are you a Canadian Citizen or Permanent Resident?  Citizen  PR  None

Have you been in Canada for at least 5 years?  Yes  No

In the past 5 years, have you been outside of Canada for a continuous 6 months or more?  Yes  No

These programs require 5 hours per month.      These programs require 4 shifts, which equals to 8-16 hours per month.

- Citizens Crime Watch
- Tri-Cities Speed Watch

\*Block Watch \*separate application

- Coquitlam Community Police Office – Internal/Office
- Coquitlam Community Police Office – External/Patrol
- Port Coquitlam Community Police Office – Internal/Office
- Port Coquitlam Community Police Office – External/Patrols

Last Name	First and Second Name(s)		
-----------	--------------------------	--	--

Home Address	City	Province	Postal Code
--------------	------	----------	-------------

Home Telephone No.	Cellular Telephone No.	Business Telephone No.	Valid Class 5 (minimum) Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No
--------------------	------------------------	------------------------	---

Date of Birth (Year-month-day)	E-mail
--------------------------------	--------

Emergency Contact	Telephone No.	Alternate Telephone No.
-------------------	---------------	-------------------------

Languages Spoken English <input type="checkbox"/>	French <input type="checkbox"/>	Other (Specify) <input type="checkbox"/> _____
--	---------------------------------	--

Languages Written English <input type="checkbox"/>	French <input type="checkbox"/>	Other (Specify) <input type="checkbox"/> _____
---	---------------------------------	--

When are you able to volunteer? Please number one or more boxes in order of preference.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

## Reference Information

List two references who may be contacted. References may be of a personal, business, educational, or volunteer nature (no relatives).

Name	Telephone No.	Relationship	Name of institution *if applicable

### Employment Contact \*If Applicable

--	--	--	--

May we contact your employer?  Yes  No

## General Information

The RCMP is committed to developing inclusive, barrier-free selection processes and environments. If contacted in relation to a volunteering opportunity, you should advise the RCMP in a timely fashion of the accommodation measures which must be taken to enable you to be assessed in a fair and equitable manner. Information received relating to accommodation measures will remain confidential.

Please describe why you would like to become a volunteer with the RCMP and what your expectations are.

Please describe any volunteer or work experience you have that may be relevant.

Please describe any special skills, training, interests, or hobbies that may be relevant. You may list any organizations, clubs, etc. to which you belong to that you feel are relevant to this application.

## Education

High School	Program	Completed (If no, indicate highest level obtained) <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No
Post Secondary	Program	Completed (If no, indicate highest level obtained) <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No
Other	Program	Completed (If no, indicate highest level obtained) <input type="checkbox"/> Yes Year: _____ <input type="checkbox"/> No

## Conditions, Release and Waiver

As a volunteer, I fully understand and agree to the following:

- The RCMP will carry out a security screening to a level and degree as required by my volunteer position and activities. I may be required to provide additional information to facilitate this security screening.
- I will respect and be guided by the expectations found in the Values and Ethics Code of the Public Sector, the RCMP Organizational Values and Ethics Code, and Conflict of Interest.
- My participation in any and all RCMP volunteer programs and activities is at the discretion of the RCMP and the RCMP can terminate my participation at any time.

Attention: Any false information given in this application will be grounds for denial, or, if accepted, immediate dismissal.

I, \_\_\_\_\_ give permission to the RCMP to obtain all information necessary to qualify me as a volunteer with the RCMP Volunteer Program that I am applying for. It is understood that the RCMP will have a final authority in the approval or rejection of the application. This decision will be final. I may request an explanation for the decision but, depending on the circumstances, the criteria and method of arriving at the decision may not be subject to disclosure.

By signing this form, I acknowledge that I have read, understand, and agree to the above conditions, release and waiver. I also authorize the RCMP to contact the references provided concerning my suitability as a volunteer. I acknowledge I was given the opportunity to ask questions and received satisfactory answers to these questions.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Applicants under age 19 must also complete Form ED5272**



# Consent Form and Waiver of Liability for Volunteers Under 19 Years of Age

Name of Detachment and Program

Coquitlam RCMP

Detachment Address

2986 Guildford Way  
Coquitlam, BC  
V3B 7Y5

Applicant Address

Dear Parent / Legal Guardian

I, the parent / legal guardian of the below noted participant, having received information on, and understanding the activities, position and program my son/daughter will be involved in, hereby give permission and provide consent for my child,

\_\_\_\_\_ to participate in \_\_\_\_\_  
Participant Name Program Name

I understand these program/activities may or may not be covered by insurance.

I am aware that involvement in this program/position will require a commitment of \_\_\_\_\_ hours per month.  
Number of Hours

I hereby release and forever discharge Her Majesty the Queen in Right of Canada, the Attorney General of Canada, the Ministry of Public Safety, Solicitor General of British Columbia, the Royal Canadian Mounted Police, the City of

\_\_\_\_\_ their members, employees, representatives, and agents from  
City Name

any and all actions, causes of actions, claims, liabilities and demands for damages or otherwise, loss or injury, which may hereafter be sustained by my child howsoever arising out of \_\_\_\_\_'s involvement and participation

Participant Name

in this program/position.

\_\_\_\_\_  
Participant Name (please print)

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Parent / Legal Guardian Name (please print)

\_\_\_\_\_  
Parent / Legal Guardian Signature

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Approved By

## Police Information Check (PIC) Instructions for Completion

*Personal information on this form is collected under the authority of the BC Freedom of Information and Protection of Privacy Act and Federal Privacy Act*

**You must apply in person at the Police Agency in the jurisdiction you reside.**

**Note:** Police Information Check will review all relevant law enforcement databases including local police records. This check will NOT include foreign police records, provincial or municipal violation tickets, and bylaw infractions.

- **Two (2) pieces of current Government issued ID – one must have photo. Digital copy NOT accepted.**

### Vulnerable Sector (VS) Applicants

This section applies to anyone who is in a position of authority or trust over children, seniors, people with disabilities, etc. If you are required by your employer or volunteer agency to complete this check, you must complete this section. Some applicants will be required to submit fingerprints as part of their Vulnerable Sector Check.

### Declaration of Criminal Record

This section applies to anyone who has been convicted of a Criminal Code offence. You must disclose all convictions to the best of your knowledge. DO NOT include convictions in which you have received the following:

- Absolute or Conditional Discharge,
- Any offences where you were charged as a Youth Offender under the *Youth Criminal Justice Act*,
- Non-Criminal convictions such as Stay of Proceedings, Withdrawn, or Dismissed,
- Provincial or Municipal offences,
- Any offences outside of Canada.

### Fee Schedule

PIC Employment / Practicum / Other - Paid	\$ 70.00
PIC Volunteer with volunteer letter	Free
PIC Employment with City of Coquitlam & Port Coquitlam	Free
Fingerprinting Federal processing fee	\$ 25.00

**Note:** Volunteer letters must be attached to the application and the agency must be a registered non-profit organization.

### Coquitlam RCMP Front Counter Hours

Monday to Friday 8 AM to 8 PM | Saturday 8 AM to 4 PM | Closed Sundays and Stat Holidays  
Fingerprint Service by Appointment: Monday to Saturday 9 AM to 12 PM



# Coquitlam RCMP-GRC

## Police Information Check

Protected A (when completed)

IDENTIFICATION – (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT

If you are unable to provide proper identification the police agency cannot complete your check.  
 Your Police Information Check will review all available law enforcement systems, including any local police records.  
 This check will **NOT** include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.

The results of this check will not be forwarded to a third party  
 (with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

### PART 1 – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)
PREVIOUS NAMES / ALIASES (including name changes and birth/maiden name)		GENDER M F X
DATE OF BIRTH (YYYY/MM/DD)	CITY OF BIRTH:	
ADDRESS (Apartment, street # and name)	CITY	PROV
PHONE NUMBER (residence)	PHONE NUMBER (cell)	
POSTAL CODE		

### PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS INCLUDING OVERSEAS ADDRESSES)

\*Check Completed (office use only)

STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

### REASON FOR APPLICATION (check appropriate):

Volunteer (attach hard-copy letter)  Employment  Other (specify below)

Agency Name: **COQUITLAM RCMP - Community Policing Unit**

Agency Key Contact (Name): **Community Policing Unit - Julie Lanyon, Candice Critchlow**

Agency Address and Phone Number: **2986 Guildford Way, Coquitlam, BC**

Vulnerable Sector Application (working/volunteering with children, seniors, people with disabilities etc.):  YES  NO

Applicant Full Name	Applicant Date of Birth (YYYY/MM/DD)
---------------------	--------------------------------------

**PART 2 - VULNERABLE SECTOR APPLICANTS (working with children, elderly, disabled etc.):**

**CONSENT FOR A CRIMINAL RECORD CHECK/SEARCH FOR SEXUAL OFFENCE FOR WHICH A RECORD SUSPENSION (formerly 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 **children, elderly, disabled, etc.**; 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.

**Reason for Consent (please answer questions 1 and 2):**

I am an applicant for a position with a person or organization **responsible** for the well-being of **children, elderly, disabled, etc.**

1. Description of the position (*what you will be doing*): \_\_\_\_\_

2. Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*):  
 \_\_\_\_\_

**Consent:** I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, 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 the 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.

Signature of Applicant	Date Signed (YYYY/MM/DD)
------------------------	--------------------------

**PART 3 - DECLARATION OF A CRIMINAL RECORD – COMPLETED BY APPLICANT IF APPLICABLE**

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a “young person” (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date signed (YYYY/MM/DD)



Applicant Full Name	Applicant Date of Birth (YYYY/MM/DD)
---------------------	--------------------------------------

**PART 4 - SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE (MUST BE COMPLETED)**

I request and consent to the Coquitlam RCMP-GRC and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

**By my signature below, and for and in consideration of this Police Information Check being completed for me**, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the City of Coquitlam, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed (YYYY/MM/DD)

\*\*\*\*\* FOR OFFICE USE ONLY \*\*\*\*\*

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>VS – FP REQ.</u>				

NOTES (office use only):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Royal Canadian Mounted Police



Gendarmerie royale du Canada

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

I, \_\_\_\_\_, authorize the **Coquitlam RCMP to provide the Police Information with Vulnerable Sector Check** results directly to the Community Policing Unit as part of my Volunteer Application process.

I understand if something is found disclosable, the results will come back to me and my Volunteer Application will not be submitted until I say it is ok to release.

Signature: \_\_\_\_\_