



Cowichan Community Policing & Engagement Society

#5 - 2628 Beverly St.

Duncan, BC

V9L 5C7

Phone: 250-597-7927

Email: ccpes@shaw.ca

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Cowichan Bay, BC

V0R 1N0

Phone: 250.597-1710

Volunteer Application Form

Which Community Policing program(s) are you interested in joining?

Speed Watch _____ Friendly Phones _____ Office Ambassador _____

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: _____ / _____ / _____

Do you hold a valid British Columbia License? _____

Why would I like to volunteer for Community Policing? _____

List any special skills (e.g. Typing, computers, first aid, any previous community policing experience) _____

| Commitments | Yes | No |
|--|-----|----|
| Are you willing to make a one year commitment? | | |
| Are you willing to volunteer a minimum of 4 hours per month? | | |
| Are you willing to participate in training sessions and a monthly general meeting? | | |

When are you available to volunteer? Please mark each of the boxes with the following:

X – Not Available

1 – Available

2 – Available occasionally when needed.

| Time of Day | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|-------------------------|--------|--------|---------|-----------|----------|--------|----------|
| Morning 9 am – 12pm | | | | | | | |
| Afternoon 12pm – 5pm | | | | | | | |
| Evening 5pm – 9pm | | | | | | | |

I, _____, give my permission to the North Cowichan/Duncan RCMP to obtain any information necessary to qualify me as a volunteer with the Community Policing Program. It is understood that the North Cowichan/Duncan RCMP will have final authorization in the approval or rejection of the application and whose decision, or criteria or methods at arriving at a decision will not be questioned or objected to by myself and that I will bear no grievance against the RCMP nor the CVRD in this respect. I affirm that the information which I have provided is true to the best of my skill and knowledge.

I understand that my participation in the program is at the discretion of the RCMP and any participation can be terminated by the RCMP at any time.

Applicant's Signature: _____ Date: _____

For Office Use Only:

Approved Signature: _____ Date: _____