



South Cowichan COMMUNITY POLICING Advisory Society

845B Deloume Road
Mill Bay, BC V8H 1B1
Phone: (250) 929-7222
sccp@shaw.ca

Volunteer Application Form

Which Community Policing program(s) are you interested in joining? Select all that apply.

Speed Watch: _____ Friendly Phones: _____ Office Ambassador: _____

Last Name: _____ First Name: _____

Address: _____

Home Phone: _____ Business Phone: _____

Cell Phone: _____ Email: _____

Date of Birth: ____ / ____ / ____
Month Day Year

Do you hold a valid British Columbia driver's licence? Please circle one: Yes / No

Why do you want 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 – 12 pm							
Afternoon 12 pm – 5 pm							
Evening 5 pm – 9 pm							

I, _____, give my permission to the Shawnigan Lake RCMP to obtain any information necessary to qualify me as a volunteer with the Community Policing Program. It is understood that the Shawnigan Lake RCMP will have final authorization in the approval or rejection of the application and whose decision, criteria, or methods to arrive 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 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: _____