



South Cowichan
COMMUNITY POLICING
Advisory Society

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

Volunteer Application

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

Speed Watch: _____ Friendly Phones: _____ Community Policing office: _____

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	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning 9 am – 12 pm							
Afternoon 12 pm – 5 pm							
Evening 5 pm – 9 pm							

I, _____, give my permission to the Shawnigan Lake RCMP detachment to obtain any information necessary to qualify me as a volunteer with the Community Policing program. It is understood that the South Cowichan Community Policing Advisory Society will have final authorization in the approval or rejection of the application. I affirm that the information 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 South Cowichan Community Policing Advisory Society and contingent upon receiving a successful police clearance with the Shawnigan Lake RCMP detachment.

Applicant's Signature: _____ Date: _____

For Office Use Only:	
Approved Signature: _____	Date: _____