



**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?

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?

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

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<b>Commitments</b>	<b>Yes</b>	<b>No</b>
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

<b>Time of Day</b>	<b>Sun</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>	<b>Sat</b>
<b>Morning 9 am – 12 pm</b>							
<b>Afternoon 12 pm – 5 pm</b>							
<b>Evening 5 pm – 9 pm</b>							

It is understood that to volunteer with South Cowichan Community Policing Advisory Society (SCCPAS), I, \_\_\_\_\_, give my permission to obtain any information necessary to qualify me as a volunteer with the SCCPAS program.

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.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Office Use Only:</b>	
Approved Signature: _____	Date: _____