

OFFICE USE ONLY	

## Volunteer Application Form

### APPLICANT INFORMATION

Name	Last Name (English)	Given Names (English)	
Address			
	Province	Postal Code	Date of birth (MM/DD)
Tel	Home		Cell
	Work		Email*
Have you ever lived outside of the Lower Mainland? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, where & when?		Are you 18 years old or above? <input type="checkbox"/> No <input type="checkbox"/> Yes	

\*By entering your email address above, you are providing consent to be contacted by us via email. You may opt out at any time by notifying us by email or phone call.

### WORK & VOLUNTEER EXPERIENCE

Current Occupation	Current Employer/School
Volunteer Experience (Name of Organization)	

### SKILLS / TRAINING

First Aid     CPR     Microsoft Office     Chinese Typewriting     Other \_\_\_\_\_

### LANGUAGE ABILITY (Please rate your proficiency on a scale of 1 (poor) – 5 (excellent))

Language	Spoken					Read					Written				
English	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Cantonese	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Mandarin	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Other:															

### GENERAL AVAILABILITY

Day:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Time: (e.g. 1-3pm)							

**REFERENCES (No members of family or friends allowed)**

**Reference #1:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. :(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Reference #2:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. :(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Reference #3:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Occupation: \_\_\_\_\_ Organization: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone No. :(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**AREAS OF INTEREST (Please check ✓)**

- Reception                       Foot/Bike Patrol                       Safety Talk Facilitator
- Special Events (e.g. community events, fair booth display)                       Translator/Interpreter
- Victim Service Support                       Other \_\_\_\_\_

**How did you hear about Chinese Community Policing Centre? (Please check ✓)**

- Family                       Friends                       School                       Safety Talk                       Newspaper                       TV                       Radio
- Website: \_\_\_\_\_                       Social Media: \_\_\_\_\_                       Other: \_\_\_\_\_

What do you expect to gain from volunteering with us?

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**EMERGENCY CONTACT**

Name	Last Name	First Name	Initial
Relationship to Applicant			
Address			
	Province	Postal Code	
Tel	Home	Work	Cell

The Chinese Community Policing Centre does not provide feedback on application status.

I hereby attest that the above information is true to the best of knowledge and I agree to submit my name to a security and record check by the Vancouver Police Department, and also agree that the year of birth collected from the Police Information Check will be categorized into age group and used as statistics data for the purpose of insurance report or other related duties. I understand and accept that the Chinese Community Policing Centre has no duty to disclose any reasons in respect of the decision(s) involving my application to become a volunteer.

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

\_\_\_\_\_  
Date (Month/Day/Year)

**Privacy Statement**

Chinese Community Policing Centre respects your privacy. We protect your personal information and adhere to all legislative requirements with respect to privacy.

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Activity	Date Completed	Results	Completed by (Initials)	Notes
Application Received				
Interview				
Reference #1 Checks				
Reference #2 Checks				
Security Check				
Applicant Notified				
Applicant Start Date				Applicant End Date
Other:				

## **CONFIDENTIALITY AFFIRMATION**

*(Please read the agreement and sign below)*

I hereby affirm that in my position as a volunteer with Chinese Community Policing Centre I will be handling confidential information. I will exercise due care with the information I provide to citizens. If I have questions regarding the disclosure of information to the public, I will consult with the staff or the Neighbourhood Police Officer.

I understand that no document is to be copied and/or removed from the Chinese Community Policing Centre without the permission of the Liaison Constable or the Coordinator.

I will not discuss specific facts and/or personal data concerning victims and witnesses and any other clients I serve with members of the media, private citizens or other victims or witnesses.

I understand that I cannot promise complete confidentiality to any victim or witness to whom I provide service, in that under rules of evidence, I may be subpoenaed to appear in Court and give testimony, and will advise clients of this fact.

I will not discuss my services with any member of the media without prior approval of the Liaison Constable or the Coordinator. If I want to write about my experiences with the Chinese Community Policing Centre, I will seek permission from the staff or the Neighbourhood Police Officer.

I have read the above "Confidentiality Affirmation" and agree to the above statements.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

(Month/Date/Year)