**Personal Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Surname

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone/Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer/School Information**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position/Program\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_End date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you hold a valid Ontario Driver’s License? 𝤿 Yes 𝥷 No

Do you currently work for, are applying for, or affiliated with any law enforcement agency? 𝤿 Yes 𝥷 No

Do you currently work for, are applying for, or affiliated with any media company? 𝤿 Yes 𝥷 No

Do you currently hold any public office? 𝤿 Yes 𝥷 No

Have you ever been associated with other Crime Stoppers programs? 𝤿 Yes 𝥷 No

Are you personally acquainted with any of the Crime Stoppers Directors, Volunteers, or Staff? 𝤿 Yes 𝥷 No

Do you have any volunteer experience? 𝤿 Yes 𝤿 No

If you have previously volunteered please list the agency name, the type of work done, and the length of time you were associated with the organization.

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What type of volunteer position(s) are you interested in? Check all that apply.

* Board of Directors
* Ticket Sales
* Office Work
* Fundraising
* Promotions
* Community Patrol

Thank-you for completing this application. We are required to ask about and check your criminal history before we will accept your application. Having a criminal history will not necessarily preclude the applicant from being a volunteer. I authorize the police to do a criminal history. I understand that I will be under the direction and guidance of the Board of Directors and Coordinators. I understand that I may be required to pledge an oath of confidentiality. I have read the above and agree to abide by the conditions set out therein.

Do you consent to submitting to a Criminal Records Check? 𝤿 Yes 𝥷 No

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_