

# VOLUNTEER APPLICATION



FOR VOLUNTEER POSITION WITH THE GREATER SUDBURY POLICE SERVICE

COMPLETED APPLICATION  
MAY BE LEFT WITH AN  
INFORMATION OFFICER  
AT 190 BRADY STREET,  
SUDBURY

OR MAILED TO:  
VOLUNTEER COORDINATOR  
GREATER SUDBURY POLICE SERVICE  
190 BRADY STREET  
SUDBURY, ONTARIO P3E 1C7

| POSITION/S<br>APPLIED FOR: <input type="checkbox"/> CITIZENS ON PATROL <input type="checkbox"/> STOREFRONT VOLUNTEER <input type="checkbox"/> LIONS' EYE IN THE SKY   |                          |  |                          |
|---|--------------------------|--|--------------------------|
| HOW DID YOU HEAR ABOUT THESE PROGRAMS: <input type="checkbox"/> GSPS OFFICE <input type="checkbox"/> GSPS WEBSITE <input type="checkbox"/> GSPS OPEN HOUSE<br><input type="checkbox"/> RECRUITMENT FAIR <input type="checkbox"/> COMMUNITY EVENT <input type="checkbox"/> FRIEND/FAMILY <input type="checkbox"/> OTHER: _____   |                          |  |                          |
| DATE AVAILABLE TO BEGIN WORK: _____   |                          |  |                          |
| PERSONAL DATA   |                          |  |                          |
| SURNAME (PRINT): _____  |                          | GIVEN NAME: _____  |                          |
| HAVE YOU APPLIED FOR A GSPS VOLUNTEER<br>POSITION IN THE PAST?  |                          | YES <input type="checkbox"/> NO <input type="checkbox"/> |                          |
| MAILING ADDRESS:<br><br>_____   |                          | TELEPHONE<br>RESIDENCE: _____                            |                          |
| NUMBER    STREET  |                          | BUSINESS: _____  |                          |
| CITY    POSTAL CODE   |                          | EMAIL: _____   |                          |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?    YES <input type="checkbox"/> NO <input type="checkbox"/>   |                          |  |                          |
| TIME AVAILABLE:<br><u>Days preferred:</u> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Weekends <input type="checkbox"/> <b>Any day</b> <input type="checkbox"/><br><u>Hours preferred:</u> Morning 8 am–12 pm <input type="checkbox"/> Afternoon 12 pm–4 pm <input type="checkbox"/> Evening 4 pm–12 am <input type="checkbox"/> Nights 12am–8 am <input type="checkbox"/><br><b>Anytime</b> <input type="checkbox"/> |                          |  |                          |
| WILL YOU BE ABLE TO COMMIT TO YOUR POSITION FOR AT LEAST ONE YEAR?    YES <input type="checkbox"/> NO <input type="checkbox"/>  |                          |  |                          |
| INDICATE IF YOU   | SPEAK                    | READ   | WRITE                    |
| ENGLISH   | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| FRENCH  | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| OTHER (SPECIFY)   | <input type="checkbox"/> | <input type="checkbox"/>                                 | <input type="checkbox"/> |
| DESCRIBE ANY OF YOUR SKILLS, EXPERIENCE OR TRAINING THAT RELATES TO THE POSITION BEING APPLIED FOR.<br><br>_____<br><br>_____   |                          |  |                          |

Personal information is collected under the authority of the *Police Services Act* and in accordance with Section 29(1) of the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to determine your suitability for participation in a Volunteer Program. Questions about this collection should be directed to the Manager of Records and Customer Service, Greater Sudbury Police Service, 190 Brady St., Sudbury at (705) 675-9171, ext. 6234.

## EDUCATION

### SECONDARY SCHOOL

|             |                                  |  |
|-------------|----------------------------------|--|
| SCHOOL NAME | HIGHEST GRADE OR LEVEL COMPLETED | CERTIFICATE OR DIPLOMA RECEIVED<br><div style="text-align: right;">YES <input type="checkbox"/>      NO <input type="checkbox"/></div> |
|-------------|----------------------------------|--|

PROGRAM NAME: \_\_\_\_\_  
IF NO GIVE DETAILS: \_\_\_\_\_  
\_\_\_\_\_

### BUSINESS, TRADE OR TECHNICAL SCHOOL

|             |                         |   |
|-------------|-------------------------|---|
| SCHOOL NAME | NAME & LENGTH OF COURSE | CERTIFICATE OR DIPLOMA AWARDED<br><div style="text-align: right;">YES <input type="checkbox"/>      NO <input type="checkbox"/></div> |
|-------------|-------------------------|---|

IF NO GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_

### COMMUNITY COLLEGE

|             |                         |   |
|-------------|-------------------------|---|
| SCHOOL NAME | NAME & LENGTH OF COURSE | CERTIFICATE OR DIPLOMA AWARDED<br><div style="text-align: right;">YES <input type="checkbox"/>      NO <input type="checkbox"/></div> |
|-------------|-------------------------|---|

IF NO GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_

### UNIVERSITY

|             |                         |   |
|-------------|-------------------------|---|
| SCHOOL NAME | NAME & LENGTH OF COURSE | CERTIFICATE OR DIPLOMA AWARDED<br><div style="text-align: right;">YES <input type="checkbox"/>      NO <input type="checkbox"/></div> |
|-------------|-------------------------|---|

IF NO GIVE DETAILS \_\_\_\_\_  
\_\_\_\_\_

### OTHER COURSES, WORKSHOPS, CERTIFICATES

DETAILS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT HISTORY - BEGIN WITH MOST RECENT EMPLOYER**

**1. PRESENT EMPLOYER**

NAME OF BUSINESS: \_\_\_\_\_

START DATE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

DUTIES:

\_\_\_\_\_  
\_\_\_\_\_

JOB TITLE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

**2. PAST EMPLOYER**

NAME OF BUSINESS: \_\_\_\_\_

START DATE/END DATES: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

DUTIES:

\_\_\_\_\_  
\_\_\_\_\_

JOB TITLE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

**3. PAST EMPLOYER**

NAME OF BUSINESS: \_\_\_\_\_

START/END DATES: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

DUTIES:

\_\_\_\_\_  
\_\_\_\_\_

JOB TITLE: \_\_\_\_\_

NAME OF SUPERVISOR: \_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

IF REQUIRED, PLEASE ATTACH SEPARATE SHEET

## OUTSIDE INTERESTS

COMMUNITY / VOLUNTEER WORK, CLUBS, SPORTS, HOBBIES ETC.

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HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?

YES  NO

IF YES, GIVE DETAILS: \_\_\_\_\_

### DECLARATION

I certify that the statements made by me in this application are true and complete to the best of my knowledge and belief and are made in good faith. I understand that if any of these statements are untrue, this application may be rejected or any appointment to a position to be nullified.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date