

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 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 <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 POSITION IN THE PAST?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
MAILING ADDRESS:		TELEPHONE	
_____		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:			
<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"/> Any day <input type="checkbox"/>			
<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"/>			
Anytime <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.			

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 <div style="text-align: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></div>
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PROGRAM NAME: _____
IF NO GIVE DETAILS: _____

BUSINESS, TRADE OR TECHNICAL SCHOOL

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

COMMUNITY COLLEGE

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

UNIVERSITY

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

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