

# GREATER SUDBURY POLICE SERVICE VOLUNTEER APPLICATION FORM

(FOR A VOLUNTEER POSITION WITH THE GREATER SUDBURY POLICE SERVICE)

COMPLETED APPLICATIONS MAY BE EMAILED TO THE VOLUNTEER COORDINATOR AT [VOLUNTEERING@GSPS.CA](mailto:VOLUNTEERING@GSPS.CA) OR DROPPED OFF OR MAILED TO:

VOLUNTEER COORDINATOR  
GREATER SUDBURY POLICE SERVICE  
190 BRADY STREET,  
SUDBURY, ONTARIO  
P3E 1C7

## POSITION(S) BEING APPLIED FOR:

Citizens on Patrol       Friendly Call Program       Event Volunteer

## HOW DID YOU HEAR ABOUT THESE PROGRAMS?

GSPS Volunteer Office     GSPS Website                       GSPS Open House       Recruitment Fair  
 Community Event           Friend/Family                       Other (specify): \_\_\_\_\_

Have you applied for a GSPS Volunteer position in the past?     Yes                       No

## PERSONAL DATA (please print)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Number \_\_\_\_\_ Street \_\_\_\_\_ Apt No. \_\_\_\_\_ PO Box No. \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Home Phone No \_\_\_\_\_

Cell Phone No \_\_\_\_\_ Email Address \_\_\_\_\_

Preferred method of communication:                       Text                       Phone                       Email  
Are you legally eligible to work in Canada?                       Yes                       No                       Check Box  
Do you possess a valid driver's licence?                       Yes                       No                      Class \_\_\_\_\_

For Event Volunteer only - are you under 18 years of age?     Yes                       No

If yes, has your parent/guardian signed the Consent for  
Minors to Participate as Event Volunteer Form?                       Yes                       No

Are you able to commit to the position for at least one year?     Yes                       No

Have you ever been convicted of a criminal offence for which  
a record suspension (pardon) was not been granted?                       Yes                       No

If yes, give details: \_\_\_\_\_

## AVAILABILITY

### Preferred days:

Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday     Any day

### Preferred times:

Days 8am-12pm     Afternoons 12pm-4pm     Evenings 4pm-8pm     Nights 8pm-12am     Any time

## LANGUAGES SPOKEN

English                       Speak                       Read                       Write  
French                       Speak                       Read                       Write  
Other (specify)                       Speak                       Read                       Write

**Describe any of your skills, experience or training which relates to the position being applied for:**

**EDUCATION**

**Secondary School**

School Name: \_\_\_\_\_

Highest level or grade completed \_\_\_\_\_

Program Name: \_\_\_\_\_

Certificate or Diploma received?  Yes  No

If no, give details: \_\_\_\_\_

**Business, Trade or Technical School**

School Name: \_\_\_\_\_

Program Name and length of program \_\_\_\_\_

Certificate or Diploma received?  Yes  No

If no, give details: \_\_\_\_\_

**Community College**

School Name: \_\_\_\_\_

Program Name and length of program \_\_\_\_\_

Certificate or Diploma received?  Yes  No

If no, give details: \_\_\_\_\_

**University**

School Name: \_\_\_\_\_

Program Name and length of program \_\_\_\_\_

Certificate or Diploma received?  Yes  No

If no, give details: \_\_\_\_\_

**Other courses, workshops and certificates**

**EMPLOYMENT HISTORY (starting with most recent employer)**

**Present Employer**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Start Date: \_\_\_\_\_

Job Title: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Duties: \_\_\_\_\_

**Past Employer**

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Start/End Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_

---

**Past Employer**

Name of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
Tel No: \_\_\_\_\_  
Type of Business: \_\_\_\_\_  
Start/End Date: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_

If required, please attach separate sheet

**OUTSIDE INTERESTS**

**Community/Volunteer Work, Clubs, Sports, Hobbies, etc.**

**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 statement are untrue, this application may be rejected or any appointment to a position to be nullified.

Date: \_\_\_\_\_  
Signature: \_\_\_\_\_