

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

DATE:

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| POSITION/S APPLIED FOR: <input type="checkbox"/> CITIZENS ON PATROL <input type="checkbox"/> STOREFRONT VOLUNTEER <input type="checkbox"/> LIONS' EYE IN THE SKY | | | |
| 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: _____ | | |
| _____ | EMAIL | | |
| CITY | POSTAL CODE | _____ | |
| ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| TIME AVAILABLE: | | | |
| Days preferred: 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"/> | | | |
| Hours preferred: 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 12 pm–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 ON THIS FORM IS BEING COLLECTED DURING THE RECRUITMENT PROCESS UNDER THE AUTHORITY OF THE POLICE SERVICES ACT SECTION 43, FOR THE PURPOSE OF ASSESSING YOUR SUITABILITY FOR EMPLOYMENT. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO:

**HUMAN RESOURCES
GREATER SUDBURY POLICE SERVICE
190 BRADY STREET
SUDBURY, ONTARIO P3E 1C7**

EDUCATION

SECONDARY SCHOOL

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

SCHOOL NAME _____
IF NO GIVE DETAILS _____

BUSINESS, TRADE OR TECHNICAL SCHOOL

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

SCHOOL NAME _____
IF NO GIVE DETAILS _____

COMMUNITY COLLEGE

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

SCHOOL NAME _____
IF NO GIVE DETAILS _____

UNIVERSITY

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

SCHOOL NAME _____
IF NO GIVE DETAILS _____

OTHER COURSES, WORKSHOPS, CERTIFICATES

DETAILS: _____

EMPLOYMENT HISTORY - BEING WITH MOST RECENT EMPLOYER

1. PRESENT EMPLOYER

BEGINNING: _____ END: _____

PHONE NO.: _____ ADDRESS: _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

DUTIES:

JOB TITLE: _____ NAME OF SUPERVISOR: _____

2. PAST EMPLOYER

BEGINNING: _____ END: _____

PHONE NO.: _____ ADDRESS: _____

NAME OF BUSINESS: _____

TYPE OF BUSINESS: _____

DUTIES:

JOB TITLE: _____ NAME OF SUPERVISOR: _____

3. PAST EMPLOYER

BEGINNING: _____ END: _____

PHONE NO.: _____ ADDRESS: _____

NAME OF BUSINESS: _____

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: _____

REFERENCES

WORK REFERENCE

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

PERSONAL REFERENCE

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

SCHOOL REFERENCE

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

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.

_____ Date

_____ Signature of applicant