



WEST KELOWNA & DISTRICT RCMP COMMUNITY POLICING VOLUNTEER APPLICATION



LAST NAME:		FIRST:	MIDDLE:	SEX:	MARITAL STATUS:	
STREET ADDRESS:			CITY:	POSTAL CODE:		
DATE OF BIRTH (Y/M/D):		CITY & PROVINCE OF BIRTH:		MAIDEN /OTHER SURNAME:		
HOME PHONE:	BUSINESS PHONE:	MAY WE CALL YOUR WORK? YES () NO ()		EMAIL ADDRESS:		
IF ADDRESS LESS THAN 5 YEARS, LIST PREVIOUS ADDRESSES:				FROM:	TO:	
				FROM:	TO:	
DRIVER'S LICENCE #:		PROVINCE OF ISSUE:		HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE: Y N		
EMPLOYER:			OCCUPATION:			

I hereby give permission to the RCMP to obtain all information necessary to qualify me as a volunteer with the RCMP Volunteer Program that I am applying for. It is understood that the RCMP will have final authority in the approval or rejection of the application. This decision will be final. I may request an explanation for the decision but, depending on the circumstances, the criteria and method of arriving at the decision may not be subject to disclosure.

APPLICANT'S SIGNATURE:	DATE:
------------------------	-------

ALL OTHER RESIDENTS IN APPLICANT'S HOME: (SPOUSE, CHILDREN, ETC.) CHECK IF NONE <input type="checkbox"/>				
SPOUSE'S SURNAME:	FIRST NAME:	MIDDLE NAME:	CPIC	CNI
MAIDEN NAME:				
DATE OF BIRTH (Y/M/D):	CITY & PROVINCE OF BIRTH:	DRIVER'S LICENCE #:	PIRS	MVB
LAST NAME:	FIRST NAME:	MIDDLE NAME:	CPIC	CNI
DATE OF BIRTH (Y/M/D):	CITY & PROVINCE OF BIRTH:	DRIVER'S LICENCE #:	PIRS	MVB
LAST NAME:	FIRST NAME:	MIDDLE NAME:	CPIC	CNI
DATE OF BIRTH (Y/M/D):	CITY & PROVINCE OF BIRTH:	DRIVER'S LICENCE #:	PIRS	MVB

LIST TWO (NON-RELATED) REFERENCES:

FULL NAME: _____ ADDRESS: _____ PHONE #: _____

FULL NAME: _____ ADDRESS: _____ PHONE #: _____