



Dear Volunteer:

Thank you for expressing an interest in becoming a volunteer with the Belleville Police Service's Community Policing Program.

Acceptance of applications will be subject to the following conditions:

- 1. Must be 18 years of age or older (some exceptions may apply);**
- 2. Must pass security clearance;**
- 3. A personal interview;**
- 4. Must be accompanied with copies of 2 pieces of ID – 1 with picture ie: DL or Health Card.**

Successful applications will complete an Introductory Training Program.

In the event you have any questions or concerns, please direct them to the Community Policing Facilitator of Belleville Police Service at 966-0882 ext. 2266.

Sincerely,

Inspector Marlene Gray
Operations Support

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

SURNAME			GIVEN NAMES		
MAIDEN NAME OR OTHER NAMES USED (IF APPLICABLE)			PLACE OF BIRTH		
DOB – YY MM DD	SEX	AREA	TELEPHONE (RES)		
DRIVER'S LICENCE #			E-MAIL ADDRESS		
NUMBER	STREET	APT/UNIT	MUNICIPALITY	POSTAL CODE	

SHIFT AVAILABILITY FOR VOLUNTEER PROGRAM

	MON	TUE	WED	THURS	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

PROGRAM INVOLVEMENT/INTERESTS

Office _____ Crime Watch _____ Child Print _____ Bike Rodeo _____ Adopt-A-Child _____ Halloween Safe Streets _____ Telephone Callers _____ Fundraisers _____ Youth Programs _____ Traffic Surveys _____ Neighborhood Watch _____

SKILLS/EXPERIENCE – COMMUNITY INVOLVEMENT

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I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement may disqualify me from acceptance or cause my dismissal.

SIGNATURE

DATE

DATE RECORDED _____ BY _____

SECURITY CLEARANCE SUMMARY

NAME: _____

COMPLETED BY: _____

DATE: _____

RETURNED TO COORDINATOR OF VOLUNTEERS _____

ACCEPTED AS A VOLUNTEER **YES / NO**