

# MOUNT PLEASANT COMMUNITY POLICING CENTRE VOLUNTEER APPLICATION FORM

APPLICANTS MUST BE AT LEAST 19 YEARS OF AGE, CONSENT TO VPD POLICE INFORMATION CHECK & RESIDE IN THE GREATER VANCOUVER AREA



## PERSONAL INFORMATION

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

Pronouns: \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Driver's License? Yes: \_\_\_\_ No: \_\_\_\_ Driver's License/ BCID#: \_\_\_\_\_

## TELL US ABOUT YOURSELF

Current Occupation: \_\_\_\_\_

Current Employer/School: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

Have you been trained in any of the following? (Please check all that apply)

<input type="checkbox"/>	FirstAid	<input type="checkbox"/>	Naloxone Administration
<input type="checkbox"/>	CPR Other:	<input type="checkbox"/>	

Please indicate any languages that you speak and/or write fluently:

\_\_\_\_\_

What inspired you to apply to volunteer with the Mount Pleasant Community Policing Centre?

\_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from volunteering with the Mount Pleasant Community Policing Centre?

\_\_\_\_\_

\_\_\_\_\_



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## AREAS OF INTEREST

Please check all that apply:

<input type="checkbox"/>	Front Desk Operation	<input type="checkbox"/>	Community Outreach Services
<input type="checkbox"/>	Foot Patrol	<input type="checkbox"/>	Special Events (Info Booth/Volunteer Fair)
<input type="checkbox"/>	Bike Patrol	<input type="checkbox"/>	Senior Citizen Safety
<input type="checkbox"/>	Speed Watch/ Road Safety Campaigns	<input type="checkbox"/>	Writing/Editing/Publishing
<input type="checkbox"/>	Cell Watch/Road Safety Campaigns	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Translation/Interpretation	<input type="checkbox"/>	Social Media Coordination

Other areas of interest: \_\_\_\_\_

## REFERENCES

The Mount Pleasant Community Policing Centre requires 3 character references as part of our screening process. Please do not use RELATIVES. If you have difficulty finding references, please email the Volunteer Coordinator at [volunteercoordinator@mpcpc.ca](mailto:volunteercoordinator@mpcpc.ca).

First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

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

First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Organization: \_\_\_\_\_

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First and Last Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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## DECLARATION OF CONFIDENTIALITY

I hereby affirm that in my position as a volunteer with the Mount Pleasant Community Policing Centre (MPCPC) I will be handling confidential information and will not discuss this information outside of the MPCPC. I will exercise due care with the information that I provide to citizens. If I have questions regarding the disclosure of information to the public, I will consult with the Neighbourhood Police Officer (NPO) or MPCPC Staff.

I understand that no document is to be copied and/or removed from the MPCPC without the permission of the NPO or MPCPC Staff.

Further, I agree that any knowledge gained because of my position or my presence within the MPCPC office or the Vancouver Police Department will remain confidential. I will exercise due care that the information I provide to others is the information they are entitled to.

I will read and abide by the Personal Information and Protection Act (PIPA) as it governs how organizations collect, use and disclose personal information in the context commercial business.

I will not discuss specific facts and/or any personal data concerning victims, witnesses and other clients I serve with members of the media, private citizens or other victims or witnesses.

I understand that I cannot promise complete confidentiality to any victim or witness to whom I provide service, in that under rules of evidence, I may be subpoenaed to appear in court and give testimony, and I will advise clients of this fact.

I will not discuss my services with any member of the media or write about my experience with the Mount Pleasant Community Policing Centre without prior approval of the Neighborhood Police Officer  
Or  
the MPCPC Executive Director.

I have read the above "Declaration of Confidentiality" and agree to the above statements. By signing below, I hereby agree to the conditions set above. I understand that a violation of any of the above conditions may result in my dismissal as a volunteer.

\_\_\_\_\_  
Date(DD/MM/YY) PrintName ApplicantSignature

## MOUNT PLEASANT COMMUNITY POLICING CENTRE POLICY

I understand and accept that the Mount Pleasant Community Policing Centre's policy is to not provide feedback if my application to be a volunteer is unsuccessful. I hereby attest that the information contained in this application is true to the best of my knowledge and I agree to submit my name for a Police Information and Vulnerable Sector Check with the Vancouver Police Department.

\_\_\_\_\_  
Date(DD/MM/YY) PrintName ApplicantSignature

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## POLICE INFORMATION AND VULNERABLE SECTOR CHECK CONSENT

In order to obtain a volunteer position with the MPCPC, I am required to show that I am of good character. By signing this form and completing the VPD500(20) Police Information Check form, I authorize the Vancouver Police Department to inquire and determine whether or not I have been investigated, charged or convicted of a criminal offence prior to, and during my tenure as a community policing volunteer. I further authorize the Vancouver Police Department to obtain a full and complete disclosure of all facts uncovered. I further agree that the Vancouver Police Department may contact my volunteer and paid work sites, and the individuals I have provided as references. In addition to the above, I agree to abide by the volunteer rules and responsibilities as they currently exist, and to any amendments and additions as they are published. I understand that my acceptance as a volunteer and continued involvement in the program will be at the sole discretion of the Mount Pleasant Community Policing Centre's Executive Director and/or Coordinator. I further understand that the Vancouver Police Department reserves the right not to disclose reasons for a decision resulting in my refusal or acceptance into the volunteer program.

\_\_\_\_\_  
Date(DD/MM/YY) PrintName ApplicantSignature

## WRAPPING UP

How did you hear about the Mount Pleasant Community Policing Centre?

<input type="checkbox"/>	Community Event School Event	<input type="checkbox"/>	School Event
<input type="checkbox"/>	VPD Event Social	<input type="checkbox"/>	Social Media
<input type="checkbox"/>	Referral: MPCPC Staff or Volunteer	<input type="checkbox"/>	Family/Friend
<input type="checkbox"/>	Referral: VPD Officer or Civilian Staff	<input type="checkbox"/>	Internet Search
<input type="checkbox"/>	Referral: Other Police Department (Please Specify)		
<input type="checkbox"/>	Other (Please Specify):		

## SUBMISSION INSTRUCTIONS

### Digital Submission

Fill out this form either digitally on your computer/mobile device or, by hand (after which you will need to scan it to create a digital copy) and save it with your first and last names as the file name. Attach the file in an email to [info@mpcpc.ca](mailto:info@mpcpc.ca) with your name and "Volunteer Submission" as the subject.

### Drop Off Submission

Fill out this form either digitally on your computer/mobile device or, by hand and bring a physical paper copy to the MPCPC office (76 Kingsway, Vancouver, BC, V5T 3H9) during our opening hours.