

VICTIM SERVICES OF WATERLOO REGION

Waterloo Regional Police Services
P.O. Box 3070
200 Maple Grove Road
Cambridge, Ontario N3H 5M1
ATTN: Rose Kronschnabl Victim Services – Div. 2

VOLUNTEER APPLICATION FORM

Date: _____

Name: _____

Address: _____

Telephone:

Home: _____ Business: _____ Cell: _____

E-mail Address: _____

Date of Birth:

Month:

Day:

1. Our policy requires that our volunteers be 20 years of age. Do you meet this requirement?

YES

NO

2. Our policy further requires that all volunteers undergo a criminal record check. Would this be a concern?

YES

NO

10. What do you feel may be challenging for you as a volunteer for Victim Services?

Signature of Volunteer Applicant

Date



Waterloo Regional Police Service
Human Resources Branch
P.O. Box 3070
Cambridge, Ontario
N3H 5M1

Approved

Date: _____

Not Approved

Signature _____

HUMAN RESOURCES PERSONAL HISTORY FORM

SECURITY CHECK FOR THE POSITION OF: _____

PLEASE READ CAREFULLY PRIOR TO COMPLETEING THIS FORM

1. *An essential component in the Waterloo Regional Police Service selection process is a background check. A security check will be completed on the applicant, members of their immediate family and other parties named. Information gathered will be used to assess the applicant's suitability for the position applied to. Upon receipt of the Personal History Form, a credit history may be requested.*
2. *All questions must be answered, and complete information provided, i.e. dates of birth.*
3. *All information given will be treated in a confidential manner.*
4. *All information supplied is subject to verification by investigation.*
5. *Complete this form by printing in ink. Neatness and legibility are of the utmost importance.*
6. *If extra space is required, attach extra pages indicating the area the additional information relates to.*

SECTION "A"

Candidate's Information

Candidate's Surname:		Given name(s) - in full	
Address:			Apt/Unit:
City:	Province:	Postal Code:	
Date of Birth: Y/M/D	Home phone No:()	Driver's Licence No.	

SECTION "B"

If at anytime you have used a surname or given name other than the one listed above, list change(s).

Surname(s) changed from: (Date-Y/M/D)	Given Name(s) changed from: (Date-Y/M/D)
Surname(s) changed from: (Date-Y/M/D)	Given Name(s) changed from: (Date-Y/M/D)

SECTION "C"

If Married or Common-law give full name of spouse and spouse's parents. (Indicate if deceased.)

Spouse's Surname:	Given Name(s): - in full	
Maiden Name:	Date of Birth: (Y/M/D)	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Father-in-law's Surname:	Given Name(s): - in full	
	Date of Birth: (Y/M/D)	
Address:		Apt/Unit:
City:	Province:	Postal Code:

SECTION "C"	Con't		Page: 2
Mother-in-law's Surname:		Given Name(s): – in full	
Maiden Name:		Date of Birth: (Y/M/D)	
Address:			Apt/Unit:
City:		Province:	Postal Code:
SECTION "D"	<i>List all former spouses and common-law spouses. (Indicate if deceased.)</i>		
Spouse's Surname:		Given Name(s): – in full	
Maiden Name:		Date of Birth: (Y/M/D)	
Address:			Apt/Unit:
City:		Province:	Postal Code:
Spouse's Surname:		Given Name(s): – in full	
Maiden Name:		Date of Birth: (Y/M/D)	
Address:			Apt/Unit:
City:		Province:	Postal Code:
Spouse's Surname:		Given Name(s): – in full	
Maiden Name:		Date of Birth: (Y/M/D)	
Address:			Apt/Unit:
City:		Province:	Postal Code:
SECTION "E"	<i>List all immediate family members over age 12. (Indicate if deceased.) Includes children, father, mother, step-parents, brother, sister, step-brother and step-sister.</i>		
Surname:		Given Name(s): – in full	
Maiden Name:		Date of Birth: (Y/M/D)	Relationship:
Address:			Apt/Unit:
City:		Province:	Postal Code:
Surname:		Given Name(s): – in full	
Maiden Name:		Date of Birth: (Y/M/D)	Relationship:
Address:			Apt/Unit:
City:		Province:	Postal Code:
Surname:		Given Name(s): – in full	
Maiden Name:		Date of Birth: (Y/M/D)	Relationship:
Address:			Apt/Unit:
City:		Province:	Postal Code:
Surname:		Given Name(s): – in full	
Maiden Name:		Date of Birth: (Y/M/D)	Relationship:
Address:			Apt/Unit:
City:		Province:	Postal Code:

SECTION "F"	<i>List all previous addresses, including temporary residencies, from age 12. * (Current to Oldest address) Page: 3</i>
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Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	
Address:		Apt/Unit:
City:	Province:	Postal Code:
Date From: Y/M/D	To: Y/M/D	

** Attach additional pages if necessary.*

Have you ever made application for employment to this police service? Yes No

If yes, give dates and positions applied for: _____

SECTION "H"	<i>If you are or have been a member of the Armed forces, complete this SECTION.</i>
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Are you currently a member of the armed services? Yes No

Describe your type of release from the armed forces. Honourable Dishonourable

List address of last or current military base served at.

Address:	Apt/Unit:
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City:	Prov./State
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Country:	Postal Code:
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SECTION "I"	<i>If a member of your family is employed by the Waterloo Regional Police Service, provide details:</i>
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Surname:	Given Name(s): - in full
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Relationship:	Position with WRPS:
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Address:	Apt/Unit:
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City:	Province:	Postal Code:
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PLEASE READ CAREFULLY PRIOR TO SIGNING:

Personal information relating to the recruitment and selection process is collected under the authority of the Police Services Act and will be used to determine suitability for employment or volunteer work, as applicable. Information is subject to verification and confirmation with the corresponding documents as required. Information collected in relation to parties named in this document will be used only to evaluate security clearance status. All information is the property of the Waterloo Regional Police Service and will not be subject to disclosure to the applicant or a representative of the applicant. Questions about this collection of personal information should be directed to the Human Resources Director at Extension 8879.

I hereby declare that the forgoing information is true and complete to the best of my knowledge. I further authorize the Waterloo Regional Police Service to collect personal information concerning myself. I acknowledge this information is to be used for the purpose of assessing my suitability for employment or a volunteer position with the Waterloo Regional Police Service. I understand that a false statement can disqualify me from employment, volunteer work, or result in my dismissal if employed or engaged in volunteer work with the Waterloo Regional Police Service.

Dated this _____ day of _____)
 _____, _____)
 _____)

 Signature of Applicant