



## VOLUNTEER SERVICE APPLICATION THE WATCH PATROLLERS

### THE WATCH

Personal information on this application form is being collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 32(c). It will be used to determine your suitability, eligibility or qualification for volunteer service with the Lethbridge Police Service, The WATCH.

PERSONAL INFORMATION				
LAST NAME	FIRST	MIDDLE	MAIDEN NAME	PREFERRED NAME
ADDRESS (STREET, R.R., P.O. BOX)		CITY/PROVINCE		POSTAL CODE
HOME PHONE	BUSINESS PHONE	CELL PHONE		
EMAIL ADDRESS				
VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NUMBER	PROVINCE	CLASS	DEMERITS
EMPLOYMENT				
OCCUPATION	CURRENT EMPLOYER	LENGTH OF EMPLOYMENT	FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/>	HOURS OF WORK
SUPERVISOR'S NAME	CAN YOU BE CONTACTED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	LANGUAGES SPOKEN	CITIZENSHIP	
STUDENTS				
WHAT INSTITUTION ARE YOU CURRENTLY ATTENDING?		AREA OF STUDY		
WHEN WILL YOU GRADUATE?	DO YOU STAY IN LETHBRIDGE DURING THE SUMMER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DO YOU PLAN TO STAY IN LETHBRIDGE AFTER GRADUATION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
EDUCATION				
HIGHEST LEVEL OF EDUCATION RECEIVED	INSTITUTION		YEAR	
WORK EXPERIENCE				
EMPLOYER	POSITION		YEARS	
VOLUNTEER EXPERIENCE				
ORGANIZATION	DUTIES		YEARS	
HAVE YOU WORKED PREVIOUSLY AS A REGISTERED VOLUNTEER WITH LETHBRIDGE POLICE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, INDICATE WHICH PROGRAM				

TIME AVAILABLE FOR VOLUNTEER WORK (Shifts will be 4 hour blocks)							
Mark availability with a ✓	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10:00 AM – 2:00 PM							
2:00 PM – 6:00 PM							
6:00 PM – 10:00 PM							
ARE YOU ABLE TO COMMIT TO A MINIMUM OF 4 SHIFTS PER MONTH? <input type="checkbox"/> YES <input type="checkbox"/> NO							
ARE YOU ABLE TO COMMIT TO A MINIMUM OF 6 MONTHS WITH THE PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO							
REFERENCES (DO NOT USE RELATIVES)							
NAME	RELATIONSHIP TO APPLICANT			TELEPHONE			

	(i.e. coworker, supervisor, friend)	HOME	CELL	BUSINESS
1.				
2.				
3.				

HOW DID YOU HEAR ABOUT THE WATCH?

HAVE YOU ANY CRIMINAL CONVICTION FOR WHICH A PARDON HAS **NOT** BEEN GRANTED?       YES       NO

In making this application, I hereby give the Lethbridge Police Service, The Watch authority to contact the persons named as references and to make inquiries with Police Authorities as may be deemed necessary to ascertain my suitability as a volunteer. I understand that if accepted as a Lethbridge Police Service, Watch Patroller Volunteer, my Criminal Record Clearance will be repeated as required.

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's Signature