



Abbotsford Police Department

Application Form - Volunteer

Applicant Name: _____
[SURNAME] [GIVEN NAME(S)]

- Please indicate below the position you are applying for -

- Volunteer Position: _____
- Practicum Student Position: _____

- CONFIDENTIAL -



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

Dear Applicant,

We at the Abbotsford Police Department are very pleased that you have chosen to compete in a process that is highly competitive and designed to showcase your strengths and abilities. Our objective is to select the best qualified, most competitive individuals to provide policing services to the citizens of Abbotsford.

This application form is extensive and the Abbotsford Police Department requires that all questions be answered fully and completely. Please understand that employees of the Abbotsford Police Department are required to obtain and maintain an enhanced security clearance. As a result, many of the personal questions being asked relate directly to information that must be obtained to assist in determining your suitability for this high level security clearance.

The process is lengthy and at each step, a minimum level of achievement must be attained. However, even if you meet the minimum standard, the Human Resources Branch of the Abbotsford Police Department must still determine which applicants are the best qualified and most competitive to proceed. These decisions are based on your qualifications, individual test scores, the number of testing spaces available, and the number of positions we are working to fill. To reiterate, even if you meet our minimum standards of performance, you may not be selected to proceed to the next step of the process if there are more competitive applicants.

Unfortunately, with the large volume of applications we only meet with the successful applicants and are unable to provide specific feedback to anyone who is not selected to continue in our process.

I have read this document carefully and my questions, if any, have been answered. I acknowledge that I may clarify my understanding of this document at any time with the Abbotsford Police Department Human Resources Branch.

I understand and accept that I will not be provided with feedback if I am unsuccessful in my application to become an employee of the Abbotsford Police Department.

Applicant Name [Please Print]

Witness Name [Please Print]

Applicant Signature

Witness Signature

Date

Date



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

Application Instructions

Please follow the instructions below carefully. Incomplete or illegible applications will not be reviewed.

1. This Application Form covers numerous areas necessary to determine the suitability of applicants, and also serves as a basis for determining your security clearance.
2. All questions applicable to the position being applied for must be answered. Incomplete application forms will not be processed. If a question is not applicable, use “N/A” in the appropriate space. If an entire section is not applicable, one “N/A” in the first available space is sufficient.
3. If anyone required to be listed on this form is deceased, please indicate by placing the word “deceased” followed by the person’s date of death.
4. Print and fill out the form by hand; use black ink and ensure your writing/printing is legible. If you make an error, do not use white-out. Place a single line through the error and write the correction above or beside.
5. The application form must be signed, dated and delivered or mailed to the Abbotsford Police Department within 30 days. Failure to return your completed application form in a timely manner may result in your application not being considered.
6. Ensure you fully read and complete the Authorization for Release of Information form. A personal relative or employer should sign as a witness.
7. All addresses should include the postal code. Use area codes for all telephone numbers. Date of births should be in YY-MMM-DD [85-JAN-01]. All other date formats should follow YY-MMM [13-OCT].
8. When answering questions with a yes/no box, place an “X” in the box.
9. Unless otherwise instructed list items in chronological order, beginning with most recent. Leave no gaps in dates, between educational institutions, places of employment, etc.
10. **If extra space is required to answer questions, DO NOT WRITE ON THE BACK/FLIP SIDE OF ANY PAGES. Simply print out another page of the document and continue answering the questions or insert a blank page and continue answering your question. Be sure you include the question number you are continuing to answer and edit the inserted page number. For example, if you reprinted page 8 then indicate on that page or the inserted page that it is page 8-A.**
11. All information is subject to verification by investigation. False, misleading or undisclosed information in this document or at any other stage in the application process will result in the termination of your application or dismissal if employed.
12. Please do not staple or put the application form in a binder, cover or page protector. You may use paperclips or a binder clip if you wish.
13. By completing this application you acknowledge understanding that honesty, integrity and background are areas that are scrutinized closely in considering police officer, civilian and volunteer applications and that all questions in this document are necessary for this purpose.
14. Ensure that you have submitted all documents in order as listed on the Application Checklist.
15. Deliver or mail your original application to the office of the Abbotsford Police Department:

**Abbotsford Police Department
Attention: Human Resources
2838 Justice Way
Abbotsford BC V2T 3P5
Canada**



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

Application Checklist

APPLICANT'S NAME: _____

DATE OF APPLICATION: _____

EMAIL ADDRESS: _____

Please note that the majority of APD communication will be done via email. Please advise the Human Resources Branch directly if you update the email address provided at the time of your application.

Please place a check mark in the following boxes to indicate that you have submitted each document with your application. The following documentation is required to be completed in full and placed in a sealed envelope **in this order**:

- Application Checklist [this form]
- Application
- APD Authorization for Release of Information
- Query Information
- Vulnerable Sector Applicants - Consent
- Proof of Citizenship or Permanent Residency [copy]
- Driver's License [copy]
- Birth Certificate [copy]
- Motor Vehicle Abstract - 5 years [driving record]

HUMAN RESOURCES
Please do not write in this space

-
-
-
-
-
-
-
-
-

- Include copies of any other supporting documentation you feel necessary to submit with your application.
- Please **DO NOT** staple or put the application form in a binder, cover or page protector.
- You may use paperclips or binder clips if you wish.
- Application is to be submitted in a sealed envelope.
- Please note that it is your responsibility to check and complete all documents prior to submission.
- **Incomplete or illegible applications will not be reviewed and your file will be closed.**



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

Authorization for Release of Information

APPLICANT'S FULL NAME: _____

FORMERLY KNOWN AS: _____

DATE OF BIRTH [YY-MMM-DD]: _____

I, _____, of _____
(PRINT NAME) (CITY, PROVINCE)

having applied for a position with the Abbotsford Police Department, and recognizing that I am required to supply information to be used to determine my qualifications, moral character, honesty and suitability for employment with the Department, hereby request and authorize the full disclosure of any and all records, files, notes, reports, opinions or other information concerning me, including employment files and records, performance evaluations, discipline records, background investigation files, polygraph reports, medical, psychiatric and psychological files and reports, complaints or grievances filed by or against me, training files, education files, school records and transcripts, credit rating and history files, income tax files, records and returns, driving records, military records, criminal records and police, probation and parole reports.

I hereby authorize the Abbotsford Police Department to make such investigations as they deem necessary to determine approval or disapproval of this application. I understand that the Abbotsford Police Department will have the final say in the approval or rejection of this application and, the criteria and method they use in arriving at their decision will not be questioned or objected to by me and I will have no grievance against the Abbotsford Police Department or the Corporation of the City of Abbotsford in this regard.

I waive the right to read or review any information received by the Abbotsford Police Department.

I hereby release any individual, company, government agency or public body and their representatives, agents and employees from any claim, demand or right of action whatsoever which is based upon, arises out of or is connected with the provision of any information, opinions or documents to the Abbotsford Police Department in compliance with this authorization.

I have read this Authorization carefully and my questions, if any, have been answered.

A photocopy of this release is to be considered as valid as an original waiver even though it does not contain an original of my signature. This waiver is valid for a period of one year from the date of signature.

Applicant Signature

Witness Signature

Date

Date

APD-086 [Rev. 02-2014]

APD NOTES:

- CONFIDENTIAL -



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

Query Information Form

TO BE COMPLETED BY THE APPLICANT

TITLE: Mr. Mrs. Ms. Miss

SURNAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

OTHER NAME(S) APPLICANT _____ / _____

MAY BE KNOWN BY: _____ / _____

[FORMAL NAMES & NICKNAMES] _____ / _____

DATE OF BIRTH: YY-MMM-DD _____ DRIVER'S LICENSE #: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

APPLICANT SIGNATURE: _____ DATE: _____

FOR ADMINISTRATIVE USE ONLY – RESULTS

CPIC	CPIC VS	PRIME	PIP - NATIONAL	DRIVING

NOTES OF INTEREST

QUERIED BY [Print Name]:	REVIEWED BY [Print Name]:
SIGNATURE:	SIGNATURE:
DATE:	DATE:

HR – 000 [Rev. 10-2014]

APD NOTES:

- CONFIDENTIAL -



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

Vulnerable Sector Applicants - Consent

FORM 1 – CONSENT FOR CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED.

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the Criminal Records Act and has been pardoned.

Reason for Consent: I am an applicant of a paid or volunteer position with a person or organization for the well-being of one or more children or vulnerable persons.

Description of the paid or volunteer position: *[what will you be doing?]*

Provide details regarding the children or vulnerable persons: *[what ages & types of clients will you be in authority over?]*

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant

Date Signed



ABBOTSFORD POLICE DEPARTMENT

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PERSONAL INFORMATION

SURNAME: _____ Mr. Ms.
 Mrs. Miss

GIVEN NAME(S): _____

MAIDEN NAME: _____ NICKNAME(S): _____

OTHER NAMES KNOWN BY: _____

RESIDENTIAL ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

DATE OF BIRTH [YY-MMM-DD]: _____

PLACE OF BIRTH: _____
City Province Country

DRIVER'S LICENSE #: _____ PROVINCE: _____ CLASS: _____

EXPIRY: _____ RESTRICTIONS: _____

LIST ALL OTHER PROVINCES WHERE YOU WERE ISSUED A DRIVER'S LICENSE: _____

CITIZENSHIP: Canadian Citizen by birth Canadian Citizen by naturalization Permanent Resident Other [Specify] _____

If not born in Canada: Date of entry into Canada: _____

Port of entry into Canada: _____

HAVE YOU EVER CHANGED YOUR NAME? Yes No

Changed from: _____ to _____ Year: _____

Changed from: _____ to _____ Year: _____

APD NOTES:

- CONFIDENTIAL -



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FIRST AID

FIRST AID TRAINING: Do you possess a valid and current First Aid Certificate? Yes No

Type of First Aid Certificate: _____ Expiry Date: _____

Type of First Aid Certificate: _____ Expiry Date: _____

LANGUAGE SKILLS

Do you speak, read or write any language other than English? Yes No

Language: _____

Indicate level of proficiency	Speak:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
	Read:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
	Write:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert

Language: _____

Indicate level of proficiency	Speak:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
	Read:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
	Write:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert

Language: _____

Indicate level of proficiency	Speak:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
	Read:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
	Write:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert

OFFENCE RECORD

Have you ever been arrested, charged or convicted of a federal, provincial or municipal offence? Yes No

Have you ever received a pardon for any offence? Yes No

If a criminal pardon has been granted, attach a copy of the pardon to this page.

Note: Conviction of an offence does not necessarily preclude consideration for any position applied for with the Abbotsford Police Department.

If you have answered “Yes” to this question, please insert a page outlining the date and particulars of each charge and or conviction.



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EDUCATION

HIGH SCHOOL:

High School attended: _____ City: _____
Province: _____ Highest grade completed: _____ Year: _____
GED or equivalent (institution and year achieved) _____

POST SECONDARY: (include any post-secondary education received, including part-time courses)

Name of Institution: _____
City: _____ Province: _____ Country: _____
From: YY-MMM _____ To: YY-MMM _____
Program of Study: _____ Years completed: _____
Number of Credits completed: _____ GPA: _____
Level of Achievement (certificate, diploma, degree, etc.): _____

Name of Institution: _____
City: _____ Province: _____ Country: _____
From: YY-MMM _____ To: YY-MMM _____
Program of Study: _____ Years completed: _____
Number of Credits completed: _____ GPA: _____
Level of Achievement (certificate, diploma, degree, etc.): _____

Name of Institution: _____
City: _____ Province: _____ Country: _____
From: YY-MMM _____ To: YY-MMM _____
Program of Study: _____ Years completed: _____
Number of Credits completed: _____ GPA: _____
Level of Achievement (certificate, diploma, degree, etc.): _____

APD NOTES:

- CONFIDENTIAL -

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EDUCATION CONTINUED...

Name of Institution: _____

City: _____ Province: _____ Country: _____

From: YY-MMM _____ To: YY-MMM _____

Program of Study: _____ Years completed: _____

Number of Credits completed: _____ GPA: _____

Level of Achievement (certificate, diploma, degree, etc.): _____

Name of Institution: _____

City: _____ Province: _____ Country: _____

From: YY-MMM _____ To: YY-MMM _____

Program of Study: _____ Years completed: _____

Number of Credits completed: _____ GPA: _____

Level of Achievement (certificate, diploma, degree, etc.): _____

Name of Institution: _____

City: _____ Province: _____ Country: _____

From: YY-MMM _____ To: YY-MMM _____

Program of Study: _____ Years completed: _____

Number of Credits completed: _____ GPA: _____

Level of Achievement (certificate, diploma, degree, etc.): _____

PLEASE LIST OTHER RELEVANT EDUCATION COURSES, WORKSHOPS, SEMINARS, TRAINING, LICENSES & CERTIFICATES.

Training: _____	Completion Date: YY-MMM _____
Training: _____	Completion Date: YY-MMM _____
Training: _____	Completion Date: YY-MMM _____
Training: _____	Completion Date: YY-MMM _____
Training: _____	Completion Date: YY-MMM _____



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

EMPLOYMENT

**INCLUDE ALL EMPLOYMENT, SELF-EMPLOYMENT, TEMPORARY EMPLOYMENT, INTERNSHIPS, MILITARY OR POLICE EXPERIENCE.
BE SPECIFIC – DO NOT LEAVE ANY UNACCOUNTED TIME FRAMES – INCLUDE PERIODS OF UNEMPLOYMENT**

Employer Name: _____

Present Previous Full-Time Part-Time # _____ Hours/Month

Employer Address: _____

City: _____ Province: _____ Country: _____

Employer Phone #: _____ Supervisor's Name/Title: _____

Your Title: _____ Employed From: YY-MMM: _____ To: YY-MMM: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this job? _____

What did you enjoy least about this job? _____

Employer Name: _____

Present Previous Full-Time Part-Time # _____ Hours/Month

Employer Address: _____

City: _____ Province: _____ Country: _____

Employer Phone #: _____ Supervisor's Name/Title: _____

Your Title: _____ Employed From: YY-MMM: _____ To: YY-MMM: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this job? _____

What did you enjoy least about this job? _____



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

EMPLOYMENT CONTINUED...

Employer Name: _____

Present Previous Full-Time Part-Time # _____ Hours/Month

Employer Address: _____

City: _____ Province: _____ Country: _____

Employer Phone #: _____ Supervisor's Name/Title: _____

Your Title: _____ Employed From: YY-MMM: _____ To: YY-MMM: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this job? _____

What did you enjoy least about this job? _____

Employer Name: _____

Present Previous Full-Time Part-Time # _____ Hours/Month

Employer Address: _____

City: _____ Province: _____ Country: _____

Employer Phone #: _____ Supervisor's Name/Title: _____

Your Title: _____ Employed From: YY-MMM: _____ To: YY-MMM: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this job? _____

What did you enjoy least about this job? _____



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EMPLOYMENT CONTINUED...

Employer Name: _____

Present Previous Full-Time Part-Time # _____ Hours/Month

Employer Address: _____

City: _____ Province: _____ Country: _____

Employer Phone #: _____ Supervisor's Name/Title: _____

Your Title: _____ Employed From: YY-MMM: _____ To: YY-MMM: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this job? _____

What did you enjoy least about this job? _____

Employer Name: _____

Present Previous Full-Time Part-Time # _____ Hours/Month

Employer Address: _____

City: _____ Province: _____ Country: _____

Employer Phone #: _____ Supervisor's Name/Title: _____

Your Title: _____ Employed From: YY-MMM: _____ To: YY-MMM: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this job? _____

What did you enjoy least about this job? _____



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

EMPLOYMENT CONTINUED...

Employer Name: _____

Present Previous Full-Time Part-Time # _____ Hours/Month

Employer Address: _____

City: _____ Province: _____ Country: _____

Employer Phone #: _____ Supervisor's Name/Title: _____

Your Title: _____ Employed From: YY-MMM: _____ To: YY-MMM: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this job? _____

What did you enjoy least about this job? _____

Employer Name: _____

Present Previous Full-Time Part-Time # _____ Hours/Month

Employer Address: _____

City: _____ Province: _____ Country: _____

Employer Phone #: _____ Supervisor's Name/Title: _____

Your Title: _____ Employed From: YY-MMM: _____ To: YY-MMM: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this job? _____

What did you enjoy least about this job? _____



ABBOTSFORD POLICE DEPARTMENT

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VOLUNTEER EXPERIENCE

Agency/Service/Club: _____

Address: _____ Phone Number: _____

Type/Nature of Agency/Service/Club: _____

Average # of hours volunteered/month: _____ Your involvement started: _____ Ended: _____

Your Title: _____ Supervisor's Name/Title: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this experience? _____

What did you least enjoy about this experience? _____

Agency/Service/Club: _____

Address: _____ Phone Number: _____

Type/Nature of Agency/Service/Club: _____

Average # of hours volunteered/month: _____ Your involvement started: _____ Ended: _____

Your Title: _____ Supervisor's Name/Title: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this experience? _____

What did you least enjoy about this experience? _____



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

VOLUNTEER EXPERIENCE CONTINUED...

Agency/Service/Club: _____

Address: _____ Phone Number: _____

Type/Nature of Agency/Service/Club: _____

Average # of hours volunteered/month: _____ Your involvement started: _____ Ended: _____

Your Title: _____ Supervisor's Name/Title: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this experience? _____

What did you least enjoy about this experience? _____

Agency/Service/Club: _____

Address: _____ Phone Number: _____

Type/Nature of Agency/Service/Club: _____

Average # of hours volunteered/month: _____ Your involvement started: _____ Ended: _____

Your Title: _____ Supervisor's Name/Title: _____

Brief description of your duties: _____

Reason for leaving: _____

What did you enjoy most about this experience? _____

What did you least enjoy about this experience? _____



ABBOTSFORD POLICE DEPARTMENT

Application Form – Volunteer

FAMILY AND ASSOCIATIONS

PLEASE PROVIDE FULL INFORMATION (INCLUDING MAIDEN OR MARRIED NAME IF APPLICABLE) FOR THE FOLLOWING PEOPLE IN YOUR LIFE. IF YOU REQUIRE EXTRA SPACE PLEASE REPRINT THE PAGE OR INSERT A BLANK PAGE.

<input type="checkbox"/> SPOUSE/PARTNER	<input type="checkbox"/> N/A		
<input type="checkbox"/> COMMON LAW			
<input type="checkbox"/> GIRLFRIEND/BOYFRIEND	PLEASE DO NOT WRITE IN THE SHADED AREA		
SURNAME	MAIDEN NAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS	<input type="checkbox"/> SAME AS APPLICANT	DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS	
PLACE OF BIRTH			
# OF YEARS IN RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM	
OCCUPATION	EMPLOYER		

MOTHER

SURNAME	MAIDEN NAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS	DATE OF BIRTH: YY-MMM-DD		
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS	
OCCUPATION	EMPLOYER		

FATHER

SURNAME	GIVEN NAME 1	GIVEN NAME 2
ADDRESS	DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS
OCCUPATION	EMPLOYER	

APD NOTES:

- CONFIDENTIAL -



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CHILD

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS	<input type="checkbox"/> SAME AS APPLICANT			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL		EMAIL ADDRESS	
OCCUPATION	EMPLOYER			

CHILD

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS	<input type="checkbox"/> SAME AS APPLICANT			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL		EMAIL ADDRESS	
OCCUPATION	EMPLOYER			

CHILD

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS	<input type="checkbox"/> SAME AS APPLICANT			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL		EMAIL ADDRESS	
OCCUPATION	EMPLOYER			

CHILD

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS	<input type="checkbox"/> SAME AS APPLICANT			DATE OF BIRTH: YY-MMM-DD
PHONE NUMBER – HOME	PHONE NUMBER – CELL		EMAIL ADDRESS	
OCCUPATION	EMPLOYER			

APD NOTES:

- CONFIDENTIAL -

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FAMILY AND ASSOCIATIONS CONTINUED...

SIBLING

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS <input type="checkbox"/> SAME AS APPLICANT			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
OCCUPATION	EMPLOYER			

SIBLING

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS <input type="checkbox"/> SAME AS APPLICANT			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
OCCUPATION	EMPLOYER			

SIBLING

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS <input type="checkbox"/> SAME AS APPLICANT			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
OCCUPATION	EMPLOYER			

SIBLING

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS <input type="checkbox"/> SAME AS APPLICANT			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
OCCUPATION	EMPLOYER			

APD NOTES:

- CONFIDENTIAL -



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Application Form – Volunteer

FAMILY AND ASSOCIATIONS CONTINUED...

STEP PARENT [RELATED BY MARRIAGE OR COMMON-LAW RELATIONSHIP]

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		
OCCUPATION	EMPLOYER			

STEP PARENT [RELATED BY MARRIAGE OR COMMON-LAW RELATIONSHIP]

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		
OCCUPATION	EMPLOYER			

MOTHER-IN-LAW

SURNAME	MAIDEN NAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS				DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS			
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM			
OCCUPATION	EMPLOYER				

APD NOTES:

- CONFIDENTIAL -



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Application Form – Volunteer

FAMILY AND ASSOCIATIONS CONTINUED...

FATHER-IN-LAW

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS		DATE OF BIRTH: YY-MMM-DD		
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		
OCCUPATION	EMPLOYER			

FORMER SPOUSE/PARTNER

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS		DATE OF BIRTH: YY-MMM-DD		
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		
OCCUPATION	EMPLOYER			

FORMER SPOUSE/PARTNER

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS		DATE OF BIRTH: YY-MMM-DD		
PHONE NUMBER – HOME	PHONE NUMBER – CELL	OCCUPATION & EMPLOYER		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		

APD NOTES:

- CONFIDENTIAL -



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FAMILY AND ASSOCIATIONS CONTINUED...

ROOMMATE OR ANYONE ELSE LIVING WITH YOU

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		
OCCUPATION	EMPLOYER			

ROOMMATE OR ANYONE ELSE LIVING WITH YOU

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	FROM: YY-MMM	TO: YY-MMM		
OCCUPATION	EMPLOYER			

SIBLING-IN-LAW [RELATED BY MARRIAGE OR COMMON-LAW RELATIONSHIP]

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM	
OCCUPATION	EMPLOYER			

APD NOTES:

- CONFIDENTIAL -



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FAMILY AND ASSOCIATIONS CONTINUED...

SIBLING-IN-LAW [RELATED BY MARRIAGE OR COMMON-LAW RELATIONSHIP]

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM	
OCCUPATION	EMPLOYER			

SIBLING-IN-LAW [RELATED BY MARRIAGE OR COMMON-LAW RELATIONSHIP]

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM	
OCCUPATION	EMPLOYER			

SIBLING-IN-LAW [RELATED BY MARRIAGE OR COMMON-LAW RELATIONSHIP]

SURNAME	GIVEN NAME 1	GIVEN NAME 2	GENDER	<input type="checkbox"/> N/A
ADDRESS			DATE OF BIRTH: YY-MMM-DD	
PHONE NUMBER – HOME	PHONE NUMBER – CELL	EMAIL ADDRESS		
# OF YEARS KNOWN	RELATIONSHIP	FROM: YY-MMM	TO: YY-MMM	
OCCUPATION	EMPLOYER			

APD NOTES:

- CONFIDENTIAL -



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RESIDENCES

ALL QUESTIONS MUST BE ANSWERED UNLESS THE INFORMATION CANNOT BE OBTAINED. INDICATE IF DATES ARE AN APPROXIMATION.

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

APD NOTES:

- CONFIDENTIAL -



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RESIDENCES CONTINUED...

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____



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RESIDENCES CONTINUED...

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

FROM: YY-MMM _____ TO: YY-MMM _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ COUNTRY: _____

RENT OWN:

IF RENTING, LANDLORD NAME AND PHONE #: _____

NAMES OF PERSONS RESIDING WITH: _____

APD NOTES:

- CONFIDENTIAL -



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GENERAL INFORMATION

Regarding your familiarity with computers [Check the appropriate boxes]:

Microsoft Windows	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
Microsoft Word	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
Microsoft Outlook	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
General Computer Use	<input type="checkbox"/> Beginner	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Expert
Keyboarding Skills" _____	Words per minute without errors	Test Certificate:	<input type="checkbox"/> Yes <input type="checkbox"/> No

How many hours to you spend on a computer _____ Hours per day _____ Hours per week

GENERAL INFORMATION CONTINUED...

Are you related to someone, know someone or have been referred to us by someone who works at the Abbotsford Police Department? If yes, please provide their name(s) and indicate if they are aware of your application. Yes No

Have you ever been on a ride along with the Abbotsford Police Department? If yes, please provide the date and details. Yes No

In the space provided below, detail your reasons for wanting to become a volunteer of the Abbotsford Police Department.



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DECLARATION

I hereby certify that the answers given by me in this application are correct and that all statements in this application are true and complete. Employment with the Abbotsford Police Department is contingent upon successful completion of all phases of the application process. I understand that deceit, dishonesty or non-disclosure concerning questions in this document, or during any other stage of the application process, will result in my disqualification from this and any other future competitions or will result in dismissal. I understand that any information received from inquiries made concerning statements in this questionnaire will not be disclosed to me. I understand that information supplied in this document and obtained during the application process will be considered in the context of the competition and will be held in confidence under those circumstances; with the exception that this information may be made available to other police agencies in Canada and, if applicable any future employment or volunteer positions with the Abbotsford Police Department.

NAME OF APPLICANT [PLEASE PRINT]

DATE OF APPLICATION [YY-MMM-DD]

APPLICANT SIGNATURE