

This form cannot be submitted online. Please save and email (hrpvolunteers@halifax.ca), or print and submit by fax(902-490-6363), or mail/drop off (Delthia Miller, CRCP, 1975 Gottingen Street, Halifax, NS B3J 2H1).

Halifax Regional Police Volunteer Programs Application



Program(s) applied for: _____

How did you hear about this program? _____

We encourage applications from qualified African Nova Scotians, racially visible persons, women in non-traditional positions, persons with disabilities and Aboriginal persons in the workplace. HRM encourages applicants to self-identify: _____

Contact Information

First Name: _____

Last Name: _____

Full Mailing Address: _____

Phone: _____(Home) _____(Cell) _____(Work)

Email: _____

Language(s) spoken: _____

Education/Related Training

Please list your recent education:

Educational Institution	Highest Level Obtained	Field of Study	Dates

Other related training:

Do you have any previous experience as a volunteer? YES NO

If yes, please list the organization(s), the type(s) and the date(s) of volunteer work:

Employment History

Please list your most recent employers:

Company/Organization			
Position/Title			
Duties Performed			
Dates	to	Reason for Leaving	

Company/Organization			
Position/Title			
Duties Performed			
Dates	to	Reason for Leaving	

Company/Organization			
Position/Title			
Duties Performed			
Dates	to	Reason for Leaving	

Are you currently employed? YES NO

Employment status? Full-time Part-time Casual

If currently employed, may we contact your current Employer/Supervisor? YES NO

If yes, name and contact number: _____

Volunteer Information

Have you ever applied to any other police volunteer program? YES NO

If yes, which program(s) and where?

--

Have you ever applied to any volunteer program in which your application was denied?

YES

NO

If YES, please explain:

Are you willing to make a one-year commitment?

YES

NO

Do you have a valid Nova Scotia driver's licence?

YES

NO

Do you have regular access to a properly registered, safety-inspected vehicle?

YES

NO

What do you hope to gain from being a volunteer?

As an applicant are you willing to

Have your finger prints and photograph taken by HRP?

YES

NO

Undergo all necessary security checks by HRP?

YES

NO

Please list three references who are not family members.

Name	Occupation	Relationship to You	Phone #

In accordance with Section 485 of the Municipal Government Act (MGA), any personal information collected in this survey form will only be used by municipal staff and, if necessary, individuals and/or organizations under service contract with the Halifax Regional Municipality to assess your qualifications and suitability as a potential volunteer. HRM may also collect and use additional personal information provided by you or your past employers in the course of the evaluation and selection process. If you are a successful candidate this information will become part of your volunteer file and may be used in administration and management of HRM. If you have any questions about the collection and use of your personal information, please call 311 or email contactus@311.halifax.ca.



I hereby give permission to the Halifax Regional Police to access confidential information from previous employers, schools attended, named personal references and security checks as deemed necessary.

I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand that if any statements are found to be untrue or misleading my application may be rejected.

I also understand that if accepted by Halifax Regional Police Volunteer Programs my failure to maintain established standards of conduct and participation will give cause for my termination from the program.

Date:	Signature of Applicant:
-------	-------------------------