



Saanich Police

Volunteer Application and Waiver

"Serving Our Community Since 1906"

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"Personal information on this form is collected and disclosed pursuant to the Police Services Act and the Municipal Freedom of Information and Protection Act."

NOTE: Any false information in this application will be grounds for denial or, if accepted, immediate termination. If any information changes, please notify the Coordinator of Volunteers as soon as possible.

Due to the nature of the Service provided by the Saanich Police, it is necessary that all staff including volunteers undergo a police security check. Therefore, it is necessary for each applicant to complete the following: **(please print)**

Mr. Ms. Miss. Mrs.

I, _____
(Surname, First Name, Second Names) (Previous/Maiden Names)

Home Address: _____
(Include postal code)

Place of Birth: _____ Date of Birth: _____ BCDL: _____
(YYY/MM/DD)

E-mail Address: _____

Telephone (Res.): _____ Telephone (Bus.): _____

Telephone (Cell): _____

hereby make application to serve as a volunteer with the Saanich Police. I authorize the Saanich Police to obtain all information necessary to qualify me as a volunteer with the said Organization. Personal Information completed by applicant on this form is collected under the authority of the BC Freedom and Protection of Privacy Act.

In consideration of the Saanich Police accepting this application for volunteer participation and activity, I, for myself, my heir, executors, administrators, successors and assigns, release the *Municipality of Saanich, the Saanich Police Board, the Saanich Police, the Chief of Police* and all persons for whom they are responsible at law from any claims demands, damages, costs, expenses, actions or causes of actions arising out of or in consequence of any death, injury, loss or damage to my person or property or that of my child or ward however caused while attending at or participating in the aforementioned activity. Without limiting the generality of the foregoing, I further release the *Saanich Police* from any recourse which I may now or hereafter have resulting from any decision of the *Saanich Police*. If, in the opinion of the *Saanich Police*, I or my child or ward should require medical attention, I hereby authorize the *Saanich Police* to seek such medical attention on my behalf or on behalf of my child or ward and I do hereby consent to the provision of such medical treatment as may be deemed necessary.

I further hereby undertake to comply with all rules, directions and requirements of the Saanich Police and to obey the lawful orders and directions of any member of the said Organization.

In consideration of the permission granted to me to serve as a volunteer with the Saanich Police, **I UNDERTAKE TO COMPLY** not to disclose any information obtained by me during the course of my service as a volunteer with the said Organization and to obey the lawful directions of any member of the said Organization.

Signature of Volunteer Applicant

Date (YYYYMMDD)

Witnessed by Service Member

Print Name

Date (YYYYMMDD)

Type of ID provided:

ID Number

PLEASE PRESENT VALID PHOTO ID IN PERSON WITH THIS APPLICATION FOR PHOTOCOPYING

