

Windsor & Essex County Crime Stoppers, Inc.

VOLUNTEER APPLICATION



First Name

Second Name

Last Name

Date Of Birth

Place Of Birth

Gender

Full Current Address

Full Address(es) For Previous Five Years

Emergency Name And Contact Information

Home Phone Number

Cell Phone Number

Business Phone Number

Email Address(es)

Do You Have Your Smart Serve Licence?

Maiden Name / Other Names Used

Have You Ever Been Convicted Of A Criminal Offence? Do You Consent To A Criminal Records Check?

Are You Willing To Keep Crime Stoppers Information Confidential and Would You Sign A Confidentiality Agreement And A Code Of Conduct ?

I authorize the Windsor Police Service and/or the Ontario Provincial Police to disclose and release any and all personal information to their appointed designate, including any and all information they may have, regarding my criminal record, and/or any other knowledge or information in the records of the Windsor Police Service or any other police service for the purpose of assessing my suitability for volunteering with Windsor & Essex County Crime Stoppers, Inc. I affirm that the information that I have provided is true and complete.

Date

Applicant

Criminal Records Check Completed By

Date

Approved: YES NO