

NOTE: All persons must undergo both a criminal record check and a background check before being considered as a volunteer/director.

NOTICE OF COLLECTION OF PERSONAL INFORMATION

Personal information collected on this form is collected for the purpose of processing this application and for administration and enforcement. Personal information on this form is necessary for the operation of the PEI Crime Stoppers and related activities. Questions about the collection of this information are to be directed to the PEI Crime Stoppers Coordinator at 902-566-7081.

VOLUNTEER / DIRECTOR CONSENT FORM

Please circle which of the above you are interested in

Last Name		First Name				Middle Name		Ma	Marital Status		
								Sex	: Male	e 🗆	I Female □
Address						City	City		Postal Code		
Date of Birth (YYYY/MM/DD)		City	City of Birth			Province/Country of Birth			th	Maiden Name	
Home Telephone	Busine	ss Tele	Telephone May we call you at v					vork? Yes 🔲 No 🗀			
If address is less than 5 years, list previous address(es) From To									То		
Drivers Licence No.	Province of Issue Have you ever been convicted of a criminal offence? Yes □ No □										
FOR OFFICE USE ONLY Accepted Not Accepted					CPIC PIRS				ccupation		
Signature: Date:					CNI		MVB	X Signa	ture		
It is understood that the above noted person has applied to become a volunteer/director of the PEI Crime Stoppers Society and that the Society demands that every person living in the same residence as a Crime Stoppers' volunteer/director be of good character and not be suspected of, charged with, or convicted of a criminal offence. We authorize The Royal Canadian Mounted Police (RCMP) to make any inquiry necessary to determine the approval or disapproval of this application. Each signatory will be given the opportunity to see and discuss any information pertaining to oneself which results in disapproving this application. The signatories understand that information from this application may become available, as required, to coordinators and other persons working with Crime Stoppers. The signatories understand the application approval rests with the RCMP and may be revoked at any time. All program participants are subject to periodic re-screening.											
ALL OTHER RESIDENTS IN APPLICANTS HOME (i.e. children, relatives, etc.)											
Spouse Last Name		First Na	ame		M	iddle Name	•				
Spouse Maiden Name								X Si	ignatu	ıre	
Date of Birth (YYYY/MM	of Birth/	'Provir	nce		Drivers Lic	ence	СРІ	C/P	IRS/CNI/MVB		

PEI Crime Stoppers

P.O. Box 2708 Charlottetown, PE C1A 8C3

Phone: (902) 566-7081 Email: coordinator@peicrimestoppers.com

VOLUNTEER / DIRECTOR CONSENT FORM

Please circle which of the above you are interested in

ALL OTHER RESIDENTS IN APPLICANTS HOME (i.e. children, relatives, etc.)									
Last Name		First Name Mid		le Name	X Signature				
Date of Birth (YYYY/MM/DD)	City	ity of Birth/Province Drivers L				Licence CPIC/PIRS/CNI/MVB			
Last Name		First Name Middle Name			X Signature				
Date of Birth (YYYY/MM/DD)	City	y of Birth/Provi	nce	Drivers	Licence	CPIC/PIRS/CNI/MVB			
Last Name	ı	First Name Middle Name			X Signatu	re			
Date of Birth (YYYY/MM/DD)	City	ity of Birth/Province Drive			Licence CPIC/PIRS/CNI/MV				
REFERENCES									
Name of Reference		Phone	May we contact your reference? Yes ☐ No ☐						
Name of Reference		Phone May w			contact your reference? No □				
Name of Reference		Phone	May we contact your reference? Yes ☐ No ☐						
OTHER INFORMATION									
What knowledge or resources do you have which might be beneficial to PEI Crime Stoppers?									
What skills do you have? (i.e., typing, filing, computers, etc.)									
Have you ever applied to be a Crime Stoppers volunteer in the past? Yes □ No □ If Yes, when and where?									
Why do you want to volunteer with Crime Stoppers? What are your expectations?									
What days/times are you available?									

Thank you for your interest in PEI Crime Stoppers!