

PORT ALBERNI SPEED WATCH VOLUNTEER APPLICATION FORM

Applicants must submit to a security screening. You must have a genuine interest in working toward improving your Community and be willing to volunteer a minimum of 2 hours per week.

PLEASE PRINT LEGIBLY:

NAME _____ / _____ / _____ / _____
Surname First Middle Maiden Name

ADDRESS _____ / _____ / _____ / _____
Apt Street City Postal Code

MAILING ADDRESS _____
(If different from above)

TELEPHONE _____ / _____ RESIDENT IN AREA _____ SEX _____ / _____
Home Work Years M F

BC DVR LIC# _____ OCCUPATION: _____ BIRTHDATE _____ / _____ / _____
Yr mo day

BIRTH PLACE _____ / _____ / _____
City Province Country

EMERGENCY CONTACT _____ TELEPHONE _____

VEHICLE MAKE _____ MODEL _____

COLOR _____ LICENCE PLATE # _____

CHARACTER REFERENCES:

NAME _____ OCCUPATION _____ PHONE _____

NAME _____ OCCUPATION _____ PHONE _____

AS AN APPLICANT FOR THE PORT ALBERNI SPEED WATCH PROGRAM, I
HEREBY AUTHORIZE THE RCMP TO MAKE SUCH INVESTIGATIONS AS THEY
DEEM NECESSARY TO DETERMINE THE SUITABILITY OF MY APPLICATION.

Applicants signature

Date