



**OWEN SOUND POLICE SERVICE**

**APPLICATION: CITIZENS ON PATROL**

APPLICATION DATE: \_\_\_\_\_

**PERSONAL HISTORY**

SURNAME: \_\_\_\_\_ BIRTH NAME: \_\_\_\_\_

GIVEN NAME: \_\_\_\_\_ MIDDLE NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_

ONTARIO DRIVERS LICENCE #: \_\_\_\_\_

LENGTH OF TIME LIVED IN COMMUNITY: \_\_\_\_\_

ARE YOU A VOLUNTEER MEMBER OF ANY OTHER ORGANIZATION? \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

**VEHICLE INFORMATION:**

YEAR: \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

COLOUR \_\_\_\_\_ LICENCE NUMBER \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ POLICY # \_\_\_\_\_

\*\*\*\*\*

**AVAILABILITY: NIGHT**

MONDAY \_\_\_\_\_ TUESDAY \_\_\_\_\_ WEDNESDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_ FRIDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_

ARE THERE OTHER AREAS WHERE YOU HAVE EXPERTISE THAT WOULD BENEFIT THIS PROGRAM? \_\_\_\_\_

\_\_\_\_\_



In case of Emergency contact:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

=====

REFERENCE:

NAME	ADDRESS	PHONE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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The applicant agrees to provide information on request including personal information as defined in the Municipal Freedom of Information and Protection of Privacy Act and the Freedom of Information and Protection of Privacy Act.

I authorize the Owen Sound Police Service to enquire into my background in order to determine my suitability as a Citizen on Patrol. These enquiries will include a criminal check and a review of all other police contacts deemed relevant by the Owen Sound Police Service.

I have provided complete and correct information as required by this application. Past criminal convictions or charges that are yet to be resolved that deal with any sexual offences, substance abuse offences or violent (assaults) behaviour will automatically result in the rejection of this application.

I further consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to find out if I have been convicted of, and been granted a pardon for any of the sexual offenses that are listed in the schedule to the Criminal Records Act. I understand that, as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offenses listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the RCMP to the Solicitor General of Canada, who may then disclose all or part of the information contained in that record to a police service or other authorized body.

\_\_\_\_\_

I HAVE READ THIS CONSENT, UNDERSTAND IT AND AGREE TO IT, IN ITS ENTIRETY.

\_\_\_\_\_

Signature of applicant

\_\_\_\_\_

Date

Photo ID Used \_\_\_\_\_

\*\*This application will be screened by the police and may be re-screened at any time. This application will be handled in the strictest confidence. Police or any other information will not be released to any unauthorized person or organization.\*\*

Please forward completed application to:  
Cst. Chris Hartley – Community Services  
Owen Sound Police Service  
922 2<sup>nd</sup> Ave. West, Owen Sound, Ont. N4K 4M7