

TECUMSEH COMMUNITY POLICING COMMITTEE

c/o Tecumseh OPP, 963 Lesperance Rd, Tecumseh, ON N8N 1W9

VOLUNTEER APPLICATION FORM

NAME: _____
(Surname) (First)

ADDRESS: _____

CITY: _____ Postal Code: _____

TELEPHONE: Home: _____ Work: _____

VOLUNTEER WORK:
Previous Volunteer Work _____

Areas of Interest for Volunteer Work: e.g. bike rodeos,

Briefly indicate your goals and reasons for volunteering: _____

SPECIAL SKILLS AND INTERESTS: _____

LANGUAGES SPOKEN: _____

REFERENCES:

1. Name: _____ Telephone: _____

Address: _____

Postal Code: _____ Relationship to You: _____

2. Name: _____ Telephone: _____

Address: _____

Postal Code: _____ Relationship to You: _____

Due to the nature of our service, a police screening will be necessary. Please sign below if you agree to a police screening.

Date

Signature

