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# 2009 Volunteer Application Form The Pas

**Volunteer Application forms must be approved prior to your shift. Copy of driver's licence must accompany the fully completed form and the form must be signed in 2 places (Sections 3 and 5).**

**RETURN FORMS TO: RCMP headquarters, Cook and Cooke Insurance, RG Fast Insurance or radio station CJ 1240.**

Volunteered in previous years?  
Yes  No

## SECTION 1: VOLUNTEER IDENTIFICATION

Last Name First Name (in full) Middle Name(s) (in full)

Birth Surname Birth Place (List Province or Country) Date of Birth: Y/M/D

Other Name(s) Used/Previous Last Name(s) Gender F  M

Current Address City Province Postal Code

Phone Numbers (home) (work) (cell) Email Address

Driver Licence No. (reference number) **\*\*Photocopy required too!** Expiry Date: Y/M/D Do you drive standard transmission? Yes  No

**Escort Driver:** Name of your Insurance Company (if different than MPI) Insurance Policy Number Expiry Date: Y/M/D

I am volunteering as  Corporate Volunteer:  Community Volunteer

Company \_\_\_\_\_

## REQUIREMENTS

**Escort Driver** Person who, in his or her own vehicle, escorts the driver and the navigator. Age 18 and over, must have a valid driver's licence and a vehicle. Escort Drivers must have valid insurance & registration for own vehicle.

**Driver** Person who drives the client's vehicle. Willing and able to drive a "standard"? \_\_\_\_ 18 or older. This volunteer must have a valid driver's licence and valid insurance, and be capable of driving cars, SUV's and light trucks.

**Navigator** Person who rides with the driver and the client in the client's vehicle. Age 18 and over.

**Other** (please specify):

## SECTION 3: VOLUNTEER RESPONSIBILITIES

**Soberness:** Volunteers must not consume any alcohol on the day of their shift with Operation Red Nose.

**Courtesy:** Tolerance, patience, and courtesy must be expressed at all times in dealing with clients and fellow volunteers.

**Consideration for other volunteers:** All volunteers of Operation Red Nose deserve respect and consideration.

**Confidentiality:** Total discretion is required on the identity, address, phone number and behaviour of clients. The same discretion is recommended towards the other volunteers.

**Free service:** Operation Red Nose is a free service. Contributions must never be solicited. A grateful thank you is offered when a contribution is given. The total amount of all contributions must be returned to Operation Red Nose.

**Safety:** Operation Red Nose is not responsible for fines or tickets given to a volunteer during his/her shift.

**If I do not honour my commitment, Operation Red Nose reserves the right to terminate my involvement in the campaign. The decision of Operation Red Nose is final.**

Date: \_\_\_\_\_

Signature (Mandatory): \_\_\_\_\_

## SECTION 4: CALENDAR – November & December 2009

Please indicate all dates that you will volunteer. **Note: four (4) complete working days are required to process this application after it is received.**

SUN	MON	TUE	WED	THU	FRI	SAT
			Nov		27	28
			Dec		4	5
					11	12
					18	19
						26
				31		

**Note: If you are unsure of the dates you are available to volunteer, please submit the form with the dates left blank. You can schedule your shifts at a later date.**

**All shifts must be scheduled with Headquarters staff prior to the evening of the shift.**

## SECTION 5: DECLARATION

I hereby offer my services as a volunteer for Operation Red Nose 2009. I authorize the Police Department to verify the validity of my driver's licence and whether it is or has been suspended. In addition, I authorize the Police Department to do a complete Criminal Record Search. This search will verify if I have a criminal record, meaning any declaration of "guilty" concerning a violation of the criminal code for which I did not receive rehabilitation or pardon. The Criminal Record Search will verify if I have a criminal record, such as a previous conviction, or if I am currently under a criminal or penal accusation for the following:

### Criminal or penal offenses which are incompatible with the criteria for selection:

**Incompatible offense if committed less than 5 years ago** **Violence:** acts of violence, marital violence, threats intimidation or harassment, misdemeanor **Driving:** hit and run (material damage only) **Drugs:** possession **Theft, Fraud:** simple robbery, fraud, false identification **Other:** other criminal accusations

**Incompatible offense at all times** **Sex:** sexual aggression, indecent actions, prostitution, rape **Driving:** hit and run (causing injury or death) **Drugs:** drug dealing, importation, cultivation **Violence:** homicide, kidnapping, sequestration **Other:** mandate against the person **Theft, Fraud:** break enter & theft, armed robbery, vehicle theft, corruption

**Offense providing limited acceptance** **Theft, Fraud:** shoplifting (accepted as escort driver only) **Driving:** impaired driving (only accepted as navigator during the sanction) **Drugs:** unpaid tickets (must pay tickets first)

I authorize the Police Department to communicate the results of these Searches to the Operation Red Nose Executive Director. I commit to treating any information or data regarding Operation Red Nose clients or volunteers divulged to me during my service with the strictest of confidentiality. The information or data will remain confidential even after my service to Operation Red Nose has ended.

I certify that the information provided in this form is true and accurate. Furthermore, between the time I sign this form and the time I participate in the Operation Red Nose campaign as a volunteer, I will inform the Operation Red Nose organization if any change occurs concerning my file which would no longer allow me to meet the selection criteria.

Date: \_\_\_\_\_ Signature (mandatory) \_\_\_\_\_

Date: \_\_\_\_\_ Signature (mandatory) \_\_\_\_\_

## POLICE SECTION:

Verified by (name and registration #) \_\_\_\_\_ Date \_\_\_\_\_ Recommended \_\_\_\_\_ Not Recommended \_\_\_\_\_