



# VOLUNTEER APPLICATION

E-MAIL COMPLETED APPLICATION  
TO:

LETHBRIDGE POLICE SERVICE  
HUMAN RESOURCES  
HUMANRESOURCES@LETHBRIDGEPOLICE.CA  
135 1 Avenue South Lethbridge, AB T1J 0A1

For more information about opportunities with the  
Lethbridge Police Service, please  
see our website  
<https://www.lethbridgepolice.ca/>

This document requests detailed information regarding you. This information is required to determine your eligibility to gain access to the Lethbridge Police Service Building and/or computer data base. All personal information on this form is collected in accordance with Sections 33 and 34 of Alberta's Freedom of Information and Protection of Privacy Act. Personal information shall be used and shared for the purposes outlined in Sections 39 to 41 of the Freedom of Information and Protection of Privacy Act (FOIP Act), and for other legal requirements where they are consistent with the FOIP Act. If you have any questions regarding the collection and use of information on this form, contact the LPS Access and Privacy Unit at request@lethbridgepolice.ca.

- All information supplied is subject to verification by investigation. False statement can disqualify or result in dismissal of your volunteer position
- No information received from inquiries concerning information in this application will be released to the applicant

**STATEMENT OF CONSENT:**

I hereby consent that any and all information pertaining to a Criminal Record registered in my name with National Repository for Criminal Records in Canada may be provided to authorized persons at the Lethbridge Police Service. I recognize that an employee of the Lethbridge Police Service is in a position of trust within the community and I hereby consent to the Lethbridge Police Service performing a Vulnerable Sector (VS) search of my name in the National Repository for Criminal Records. I understand that a VS search is a search that will check for pardoned sex offences. I consent, if requested, to attend the Identification Section of the Lethbridge Police Service for fingerprint confirmation. I further consent, to the collection and disclosure by the Lethbridge Police Service of the following:

- Absolute and/or Conditional Discharges
- Alternative Measures and/or diversion involvement
- Records of not criminally responsible by reason of mental disorder
- Pending charges, Warrants and ongoing investigations under Provincial and Federal Statutes
- Relevant Information from Police Files, from any law enforcement agency, Canadian or otherwise
- Probation, Prohibition and other Judicial Orders which are in effect
- Pardons, Equifax and Fingerprint confirmation

I further agree to absolutely release, discharge, and absolve the Lethbridge Police Service, The City of Lethbridge, and its employees from all claims, losses, or damages including indirect or consequential, occasioned by me during, or as a result of any investigation for a Criminal Record.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF APPLICANT

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PRINTED NAME OF WITNESS  
Witness must be 18 years or older

\_\_\_\_\_  
WITNESS SIGNATURE

LAST NAME		GIVEN NAME		MIDDLE NAME	
FULL ADDRESS		CITY		PROVINCE	POSTAL CODE
EMAIL ADDRESS		TELEPHONE NO. (RES.)	TELEPHONE NO. (BUS.)	TELEPHONE NO.	
Other than the name(s) listed above, please list any name change(s), or name(s) you may have used in the past.					DATE OF BIRTH YYYY   MM   DD
NAME CHANGE FROM:		NAME CHANGE TO:			DATE OF CHANGE YYYY   MM   DD

<b>DRIVER'S LICENCE</b>	PROVINCE	CLASS(ES)	LICENCE NUMBER	DATE OF ISSUE YYYY   MM   DD
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**SECURITY CLEARANCE DECLARATION**

**THIS INFORMATION WILL BE HELD IN STRICTEST CONFIDENCE. Ensure that all sections are completed.**  
**If you cannot type into this form, please print and write legibly. Additional sheets should follow suggested format.**

SURNAME/ MAIDEN / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YYYY   MM   DD
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RELATIONSHIP	FULL ADDRESS	CITY	PROVINCE	POSTAL CODE	TELEPHONE NUMBER
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<input type="checkbox"/> Male	<input type="checkbox"/> Female	PLACE OF BIRTH (INCLUDE CITY / COUNTRY BORN)
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**MARITAL STATUS**

<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Common-law / Domestic Partner	<input type="checkbox"/> Separated	<input type="checkbox"/> Divorced
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**If you checked married, common-law or domestic partner, please give full name and date of birth of your partner.**

SURNAME / MAIDEN NAME / OTHER NAMES USED	FIRST NAME	MIDDLE NAME	DATE OF BIRTH YYYY   MM   DD
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**YOU MUST PROVIDE A PHOTOCOPY OF ONE OF THE FOLLOWING DOCUMENTS:**

<input type="checkbox"/> DRIVERS LICENCE	<input type="checkbox"/> PASSPORT	<input type="checkbox"/> CITIZENSHIP
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**HAVE YOU APPLIED FOR EMPLOYMENT/CONTRACT WORK/VOLUNTEER WORK WITH ANY POLICE SERVICE IN THE PAST?**

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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POSITION APPLIED FOR	DIVISION/SECTION
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**SECURITY CLEARANCE DECLARATION (Continued)**  
**Attach an additional sheet(s) if required – follow ing the suggested format.**

1. Have you ever been convicted of any criminal offence in <b>Canada</b> or in <b>any other country</b> for which a pardon, or the equivalent, of a pardon was or was not granted? (Attach Pardon Document)	<input type="checkbox"/> YES <input type="checkbox"/> NO
2. Are you now, or have you ever been investigated, arrested, or charged in <b>Canada</b> or in <b>any other country</b> for an offence of any kind? <b>If yes</b> – explain on separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
3. Have you ever been found guilty of an offence in <b>Canada</b> or in <b>any other country</b> when you were under the age of 18? <b>If yes</b> – explain on separate sheet.	<input type="checkbox"/> YES <input type="checkbox"/> NO
4. Are you associated with any companies, or businesses, not listed on your application? <input type="checkbox"/> Owner <input type="checkbox"/> Director <input type="checkbox"/> Controlling Share Holder <input type="checkbox"/> Other	<input type="checkbox"/> YES <input type="checkbox"/> NO
5. Are you a member of any clubs or organizations? <b>If yes</b> – explain which _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
6. If you answered yes to the previous question, do you hold a position in that club or organization? <input type="checkbox"/> President <input type="checkbox"/> Chair <input type="checkbox"/> Director <input type="checkbox"/> Other _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
7. In the past 10 years, have you been involved in any lawsuits or civil actions?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If you have answered "YES" to any of the above questions, attach an additional sheet providing complete details regarding the specific incident, including what occurred, when, where, and why. If pardoned, attach Pardon documentation.</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
8. Are you a Canadian citizen? If no, what is your citizenship? _____ please provide a copy of your Permanent Residency or Visa Documentation.	<input type="checkbox"/> YES <input type="checkbox"/> NO
9. How long have you lived in Canada for? _____	
10. In the past 10 years have you ever been outside of Canada for more than 6 months at a time? If so, how long? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO

11. If answered <b>YES</b> to question above a police background check is required from the country during your residency, this can be obtained by contacting the embassy or consulate.	
12. Have you ever lived, worked or gone to school outside of Canada? If so, where and how long?	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>STATEMENT OF VERACITY AND RELIABILITY</b> <b>I HEREBY AFFIRM THAT the information supplied on this form is truthful, accurate and complete, and that no misleading or erroneous impression or conclusion could be drawn by reason of relying on any information provided herein, or by any omission of information provided.</b>	
Dated this _____ day of _____, 20____	_____ SIGNATURE