



Saskatoon Police Service

Honour - Spirit - Vision

VOLUNTEER PROGRAM APPLICATION

Surname: _____ First Name: _____ Middle Name: _____

Other Name Used: _____ Date of Birth: _____ Sex: Male Female

Telephone Numbers: Home: _____ Business: _____ Cell: _____

Address: _____

Email Address: _____

In case of emergency, please contact: _____ Phone #: _____

Volunteer Experience:
Skills, abilities, and other languages spoken:
Regular hours of employment (unavailable for volunteer work):
How did you hear about us?

I, the undersigned, hereby authorize the Saskatoon Police Service to inquire and determine whether or not I have ever been investigated, charged, or convicted of a criminal offence. I further authorize the Saskatoon Police Service to obtain a full and complete disclosure of all facts uncovered. I have provided the above information for such an inquiry and affirm that I am of good character.

For the protection of all concerned, the Saskatoon Police Service requires the above information. All information contained above is completely confidential. This original will be retained by the Saskatoon Police Service.

The Saskatoon Police Service reserves the right to decline your volunteer services.

Applicant Signature: _____ Date: _____

Your e-mail address, mailing address or phone number may at times be required by other members in the SPS Volunteer Program. Will you allow the release of your email address, mailing address or phone number for SPS Volunteer purposes only? Please check below boxes for addresses you wish to have released to others in the SPS Volunteer Program.

E-mail address Mailing address Phone number None

Volunteers are supplied with SPS Volunteer t-shirts and golf shirts. Please indicate your size requirement.

Small Medium Large X-Large 2XL Other: _____

Please return this application to:

Public Affairs
Saskatoon Police Service
P.O. Box 1728
Saskatoon, SK S7K 3R6

Your completed PDF format application (scanned with signature) may also be emailed to policeservice@saskatoon.ca.

I, _____, of Saskatoon, Saskatchewan, authorize the Saskatoon Police Service and its employees and agents to photograph me at or during my participation in this program and any of its related functions or activities. I agree that any such photographs shall be the property of the Saskatoon Police Service. I also give to the Saskatoon Police Service the sole discretion to use, publish or display:

_____ my name; and/or _____ my photograph

in any reports, brochures, publications, on their web site, and in advertisements produced by or for the Saskatoon Police Service for a period not exceeding five (5) years. I waive any and all copyrights, privacy rights, compensation, claims of any nature, and demands that I may have for the use by the Saskatoon Police Service of my photograph or my name.

Applicant Signature: _____ Date: _____

(For those under 18, the consent must be signed by a parent or guardian.)

POLICE USE ONLY

Form Received: _____ Record Check: _____