



2023 VOLUNTEER APPLICATION FORM

Volunteer No. : _____

VOLUNTEER IDENTIFICATION					
Last name		Surname at birth		First Name	
Middle name		Sex		F <input type="checkbox"/> M <input type="checkbox"/>	
Civic number	Street		Apt.	City	Province
Telephone (home)		Telephone (cell)		Telephone (work)	Extension
Date of birth (YYYY/MM/DD)		Email		Driver's Licence No. (File No.)	
Expiry date (YYYY/MM/DD)		Do you drive standard		Do you have any licence restrictions ?	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Province issuing license		Group/Company organizing your evening with Operation Red Nose, if applicable	
Name of your insurance company (mandatory for escort drivers)		Policy No.		Expiry date (YYYY/MM/DD)	
VOLUNTEER DUTIES YOU ARE INTERESTED IN <input type="checkbox"/> Escort driver <input type="checkbox"/> Driver <input type="checkbox"/> Navigator <input type="checkbox"/> Other: _____					

DECLARATION

CRIMINAL OFFENCE(S)

- I have not been convicted of a criminal offence in Canada or elsewhere or, if I have been convicted of a criminal offence, I have obtained a pardon.
- I have been convicted, in Canada or elsewhere, of one or more criminal offences.

PENDING CHARGE(S)

- I am not subject to any pending charges for a criminal offence in Canada or elsewhere.
- I am subject to one or more pending charges, in Canada or elsewhere, for one or more criminal offences.

COURT ORDER(S)

- I am not subject to any court order made against me in Canada or elsewhere.
- I am subject to one or more court orders made against me in Canada or elsewhere.

If any of your responses to the statements given in the self-declaration are affirmative, please provide details in the space provided below.

OFFENCE / CHARGE / ORDER	DATE	PLACE OF THE EVENT

I authorize Operation Red Nose (ORN) and any police service with jurisdiction over any or all parts of the province in which I reside to conduct a criminal record check to ensure that I meet the selection criteria set out by ORN that appear on the back of this form. However, only judicial antecedents that ORN deems to be incompatible with the volunteer's assignment will be taken into account. If my assignment requires the driving of a road vehicle, I authorize ORN and any police force to check the validity of my driver's licence. I also give my consent to the police force to forward the results of the background checks to ORN. A false declaration will result in the refusal of the application. Furthermore, between the time I submit this form and the time I participate as a volunteer, I will inform ORN of any new charge(s) against me relating to an offence and any conviction(s) in connection with such an offence. In accordance with the relevant legislation, ORN and its representative agree to protect the confidentiality of all information and data about the organization's clients and volunteers. Any declaration form that has not been signed or that contains unanswered questions will be considered incomplete and returned to sender. I also agree to comply with the volunteer commitment set out on the back of this form, which I have read and understood. I certify that the information provided in this declaration is accurate and complete.

DATE _____ Signature (mandatory) _____ X _____

* This volunteer application form is valid for the 2023 campaign only. It is subject to approval and can be revoked at any time.

- By checking this box, I consent to the use of my name, image and likeness in the form of photographs for promotional purposes by Operation Red Nose, its partners, affiliates, agents, employees, representatives, licensees and assigns, without notification or compensation.
 - I do not wish to be contacted by Operation Red Nose for the 2024 campaign.
 - I don't want to receive any advertisement from Operation Red Nose for the current campaign.
- Have you participated in Operation Red Nose in the past? Yes No

RESERVED FOR POLICE CHECK		ORN COMMITTEE		Please return this form as soon as possible to :
Checked by (name and registration no.)	Meets the criteria yes <input type="checkbox"/> no <input type="checkbox"/> Cannot be a driver <input type="checkbox"/> Cannot be an escort driver <input type="checkbox"/> Cannot be a navigator <input type="checkbox"/>	Approved by (name)	The volunteer has provided a criminal record check <input type="checkbox"/>	
Comments	Date	Reason		
		Date	Final result Accepted <input type="checkbox"/> Refused <input type="checkbox"/>	



ADDITIONAL INFORMATION

Selection Criteria

Incompatible offences if committed within the last five years	Sex : prostitution (solicitation) Violence : assault, trespassing at night, uttering threats, intimidation, harassment, indecent telephone calls, mischief, arson causing damage to property, firearms (possession, omission)	Theft, fraud : impersonation Drugs : possession Other : breach of condition or probation, obstructing a peace officer, other criminal charges
Incompatible offences at all times	Sex : sexual assault or assault with a weapon, indecent acts, procuring, child pornography, corrupting children, bawdy house, rape Violence : kidnapping, attempted murder, homicide, aggravated assault, confinement, extortion, arson with disregard for human life, firearms (unauthorized use, trafficking) with disregard for human life, firearms (unauthorized use, trafficking)	Theft, fraud : breaking and entering, robbery, corruption Driving : offence causing death or bodily harm Drugs : trafficking, importing, cultivating Other : arrest warrant
Offences resulting in limited acceptance	Theft, fraud : theft, fraud (accepted as an escort driver during sanction)	Driving : flight, dangerous operation of a motor vehicle, refusal to comply with demand, operation while impaired (accepted as a navigator during prohibition), unpaid tickets (tickets must be paid before volunteering)

VOLUNTEER COMMITMENT

I agree to :

- take all necessary precautions to ensure the safety of my team and of Operation Red Nose clients by complying with, among others, the traffic laws in my province (speed limits, use of seatbelts, signage, parking, etc.). Operation Red Nose is not responsible for any ticket received during the course of my volunteer duties.
- comply with the Operation Red Nose code of ethics.

- **Sobriety** : I must not consume any alcohol or cannabis on the day I work with Operation Red Nose.
- **Confidentiality** : All information about Operation Red Nose clients and volunteers that is disclosed to me will remain confidential and will not be used for any purpose other than to fulfill the mandate conferred upon me. I will also not discuss any details with other volunteers that could be used to identify a client or volunteer.
- **Courtesy** : I will show patience and courtesy toward clients at all times.
- **Free service** : Operation Red Nose is a free service. I will never solicit donations, but if clients wish to make a donation, I will thank them.
- **Fatigue** : Operation Red Nose volunteers must often deal with fatigue, and its effects at night must not be underestimated. Therefore, I will not overestimate my capabilities and, if necessary, I will take a nap before reporting for duty as an Operation Red Nose volunteer.
- **Mutual respect** : All Operation Red Nose volunteers, whether they work in the headquarters or on the road, deserve my full respect and consideration.

- return to Operation Red Nose all amounts given to me (donations, tips, gifts, etc.)

If I do not honour my commitment, Operation Red Nose reserves the right to terminate my participation as a volunteer for the current and future campaigns. The decision of Operation Red Nose is final.

DESCRIPTION OF DUTIES

For office duties, please contact your local Operation Red Nose organization.

Escort driver	Person who escorts the driver and the navigator in his or her own vehicle.	Driver	Person who drives the client's vehicle.	Navigator	Person who rides with the driver in the client's vehicle.
Must be 19 years of age or older Must have a valid Class 5 driver's licence and a vehicle	<ul style="list-style-type: none"> • Please carefully complete the <i>Driver's Licence</i> and <i>Insurance Company</i> sections on the reverse. • Operation Red Nose only provides insurance coverage to escort drivers whose vehicles are insured against damage. • You must carry your proof of insurance and your driver's licence with you on the night of your shift with Operation Red Nose. 	Must be 21 years of age or older Must have a valid Class 5 driver's licence	<ul style="list-style-type: none"> • Please indicate your driver's licence file number on the reverse. • You must carry your driver's licence with you on the night of your shift with Operation Red Nose. 	Must be 19 years of age or older Driver's licence not mandatory,	<ul style="list-style-type: none"> • but indicating the number on the reverse will speed up the processing of your application.

LOCAL INFORMATION

November/December	<p>Circle/mark the highlighted dates that you are available. Please send use your application as soon as possible. We will call or email you to confirm your shifts and duties.</p> <table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th> </tr> </thead> <tbody> <tr> <td></td><td></td><td></td><td></td><td></td><td>24</td><td>25</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td>1</td><td>2</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td>8</td><td>9</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td>15</td><td>16</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td>22</td><td>23</td> </tr> <tr> <td></td><td></td><td></td><td></td><td></td><td>29</td><td>30</td> </tr> <tr> <td>31</td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table> <p>I would like to work with:</p> <ol style="list-style-type: none"> 1. 2. <p>Team name:</p> <p>Drop-off location : Kamloops Sports Council, #101 1550 Island Parkway, Kamloops, BC, V2B 0H7 OR TCC/Pacific Sport, 910 McGill Road, Kamloops BC, V2C 6N6</p>	S	M	T	W	T	F	S						24	25						1	2						8	9						15	16						22	23						29	30	31							DON'T FORGET!
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<p>On the night of your shift with Operation Red Nose, don't forget to bring the following items with you :</p> <ul style="list-style-type: none"> • Two pieces of photo identification, including a government issued photo ID, with name, date of birth, and signature (care card, passport, driver's licence, etc.) • your valid Class 5 driver's licence (for escort drivers and drivers); • your proof of insurance (for escort drivers). 																																																										



Take This Letter To RCMP
Kamloops Operation Red Nose
Police Information and Vulnerable Sector Check

The individual presenting this letter requires a Criminal Record Check for their volunteer position with Operation Red Nose for the 2023 campaign, as directed by PacificSport Interior BC/Operation Red Nose.

Volunteers Full Name: _____

Applicant is volunteering for (Please check all that apply)

- Designated Driver, Escort Driver or Navigator
- Office Volunteer

If you are volunteering for Designated Driver, Escort Driver or Navigator you are required to have the Vulnerable Sector Check completed. If you are volunteering for Office Volunteer you **DO NOT** need the Vulnerable Sector Check completed.

Once you have picked up your completed check, you must drop off the original copy to the PacificSport Office at the Tournament Capital Centre at 910 McGill Road or at the Kamloops Sports Council at 1550 Island Parkway.

The dates that we will be in operation are:
November 24, 25
December 1, 2, 8, 9, 15, 16, 22, 23, 29, 30, 31

Step by Step Procedure

1. Please fill out the enclosed RCMP Record Check and drop it at the RCMP Detachment at 560 Battle Street or North Shore Community Policing Office at 880 8th Street. When you drop off the form, 2 pieces of ID (1 piece of Government issued photo ID and 1 piece of Government issued ID with your name and date of birth) are required.

**If you reside outside of City of Kamloops limits (ie. Sun Rivers) you will need to take this application to the Rural RCMP detachment on the Reserve.*

2. You may be required to do an additional fingerprint check.
3. You will be contacted by the RCMP once the check has been completed.
4. Please pick up your RCMP Criminal Record Check.
5. Fill out the ORN Volunteer Application form and drop both forms at the front counter of the Tournament Capital Centre or at the Kamloops Sports Council.
6. You will be contacted with the time and dates for your volunteer shift(s).

Thank you for your assistance.

Regards,

Elsa Poppleton
Operation Red Nose Coordinator
kamloops@operationrednose.com
(250) 320-0650

Kamloops RCMP Use Only

Log:
 Receipt:
 Received at: Kamloops

RCMP Kamloops City Detachment Police Information Check

IDENTIFICATION – one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:
 - Any applicable fee (see website for costs and payment options).
 - One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth. If you are unable to provide proper identification the police agency cannot complete your check.

Your Police Information Check will review all available law enforcement systems, including any local police records. This check will NOT include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.

The results of this check will not be forwarded to a third party
 (with the exception of confirmed positive Vulnerable Sector responses, or if a "Duty to Warn" arises).

PART I – PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)	
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX (circle one) M F	
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:		
ADDRESS (Apartment, street # and name)	CITY	PROV	POSTAL CODE
PHONE NUMBER (residence)	PHONE NUMBER (cell)		

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)

*Check Completed (office use only)

STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: _____	CITY: _____	PROVINCE: _____	<input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): Volunteer (attach letter) Employment Other (specify below)

Key Contact Name: _____

Volunteer Agency/Employer Name: _____

Volunteer Agency/Employer Address and Phone Number: _____

IS YOUR REQUEST RELATED TO WORK/VOLUNTEERING WITH VULNERABLE PERSONS: YES NO

(if yes – please complete Vulnerable Sector Search Consent FORM 1 on page 2)

Applicant Name	Applicant DOB
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VULNERABLE SECTOR APPLICANTS:

FORM 1 – CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and has been pardoned.

Reason for Consent:

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*): _____

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*):

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences 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 offences 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 Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

_____ Signature of Applicant	_____ Date Signed
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DECLARATION OF A CRIMINAL RECORD (if applicable) – Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a “young person” (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction	Nature of Offence	Location/Jurisdiction

_____ Signature of Applicant	_____ Date signed
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Applicant Name	Applicant DOB
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SEARCH AND DISCLOSURE CONSENT, AND LIABILITY RELEASE

I request and consent to the RCMP Kamloops City Detachment and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality / Corporation of Kamloops, its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

******* FOR OFFICE USE ONLY *******

<u>QUERY TYPE</u>	<u>Queried by:</u>	<u>Negative</u>	<u>Attached</u>	<u>Date</u>
<u>CPIC</u>				
<u>PRIME</u>				
<u>PIP/LEIP</u>				
<u>JUSTIN</u>				
<u>VS – FP REQ.</u>				

NOTES (office use only):
