



Oceanside Community Safety

Public Safety and Crime Prevention

Volunteer Application Form

Commitment is a minimum of 6 hours a calendar year.

OCSV ID #: _____

Surname	Given Name(s)	
Home Address	City	
Postal Code	Home Phone	Cell Phone
Email	Date of Birth (year/month/day)	
Driver's License Number	Employer	
Language(s) Spoken	Language(s) Written	
Emergency Contact	Emergency Contact City	
Emergency Phone	Emergency Cell	

Please check programs of interest

<input type="checkbox"/>	Block Watch	<input type="checkbox"/>	KIT (Keeping in Touch)
<input type="checkbox"/>	Board of Directors	<input type="checkbox"/>	Safety Seminars
<input type="checkbox"/>	Community Events	<input type="checkbox"/>	Traffic Watch
<input type="checkbox"/>	529 Garage Bike Registration Clinics	<input type="checkbox"/>	Office (Parksville)

As an applicant for a volunteer program, I understand that the program demands that every person living at the same residence be of good character and not be suspected of charges with or convicted of a criminal offence. I hereby authorize the RCMP to make such investigation as they deem necessary to determine approval or disapproval of this application. I also agree that at any time my application may be re-assessed and if any violation is detected, my volunteer membership may be revoked.

Please complete Photo/Video Release on the back of this page.

Signed: _____

Date: _____

For Oceanside Community Safety Use only:

<input type="checkbox"/>	Date Certified PIC Received:	<input type="checkbox"/>	Date PIC Expires:
<input type="checkbox"/>	Date Application Approved:	<input type="checkbox"/>	Application Approved by:
<input type="checkbox"/>	Signed Photo Release	<input type="checkbox"/>	ID Issued
<input type="checkbox"/>	Added to OCSV Master List	<input type="checkbox"/>	Added to OCSV Website (User/Attendee)
<input type="checkbox"/>	Email Website Instructions & Operations Manual	<input type="checkbox"/>	Added to Mail Chimp
<input type="checkbox"/>	Event for 2024 Onboarding New Volunteers	<input type="checkbox"/>	Orientation Shift Set Up
<input type="checkbox"/>	In Office Orientation – About Us and/or BW PowerPoint – Secretary or HR/Treasurer	<input type="checkbox"/>	Date Orientation Completed:
<input type="checkbox"/>	Emailed Team Leads	<input type="checkbox"/>	Orientation Completed by:



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Photo/Video Release - Please Read Carefully

I hereby grant to Oceanside Community Safety Volunteers (OCSV) the right to reproduce, use, exhibit, display, broadcast, publish, distribute, and create derivative works of the photographed images of me, taken for use in connection with the activities of OCSV for promoting, publicizing, or explaining OCSV or its activities. This grant includes, without limitation, the right to publish such images on OCSV websites, social media pages, in our reports, brochures and publications and for PR/promotional materials, such as marketing, advertisements, fund-raising materials, and any other OCSV-related publication.

These images may appear in any of the wide variety of formats and media now available to OCSV and that may be available in the future, including but not limited to print, broadcast, video, online media and on electronic devices used for storing data.

Print Name of Subject _____

Date: _____

Signature of Subject, Parent or Guardian: _____

Please indicate relationship if signing as Parent or Guardian: _____

Volunteer Offboarding

(To be completed by OCSV)

Date of Retirement #: _____

OCSV ID #: _____

Surname		Given Name(s)	
<input type="checkbox"/>	ID Returned	<input type="checkbox"/>	Keys Returned (if applicable)
<input type="checkbox"/>	Clothing Returned (if applicable)	<input type="checkbox"/>	Removed from OCSV Website (User/Attendee)
<input type="checkbox"/>	Removed from OCSV Master List	<input type="checkbox"/>	Removed from Mail Chimp
<input type="checkbox"/>	Application & PIC moved to Retired Member Binder	<input type="checkbox"/>	