

CRIME STOPPERS OF SIMCOE-DUFFERIN-MUSKOKA

APPLICATION

DATE: _____

Please indicate if you are applying for Directorship or Community Committee Member

Surname Given Name Middle Name

Date of Birth Driver's License Number

Present Address...Street and Number...

City/Town Province Postal Code

Home Telephone Number Business Telephone Number

Fax Number if applicable E-Mail Address if applicable

CHILDREN - and Others residing at home and over the age of 18

Surname Given Name Middle Name Date of Birth

Surname Given Name Middle Name Date of Birth

Surname Given Name Middle Name Date of Birth

Surname Given Name Middle Name Date of Birth

Surname Given Name Middle Name Date of Birth

IF ACCEPTED WOULD YOU BE WILLING TO TAKE AN OATH OF SECRECY?

Yes

No

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED OR ISSUED? (THIS MEANS ANY FINE, PERIOD OF PROBATION ORDERED BY A COURT).

Yes

No

HAVE YOU EVER BEEN DISCHARGED ABSOLUTELY OR ON CONDITION IN RELATION TO A FINDING OF GUILT FOR THE COMMISSION OF A CRIMINAL OFFENCE, AND IN RESPECT OF WHICH THE R.C.M.P. HAS NOT SEALED THE RECORDS? (IF THE DISCHARGE WAS ORDERED PRIOR TO JULY 24, 1992, AND A PARDON HAS NOT BEEN GRANTED YOU WILL HAVE TO APPLY TO THE R.C.M.P. TO HAVE THE RECORDS SEALED. IF ORDERED AFTER JULY 24, 1992 RECORDS ARE SEALED AUTOMATICALLY AFTER ONE YEAR IN THE CASE OF ABSOLUTE DISCHARGE AND AFTER THREE IN CASE OF CONDITIONAL DISCHARGE.

Yes

No

PLEASE COMPLETE AND ATTEND TO YOUR LOCAL POLICE/OPP STATION TO OBTAIN A POLICE BACKGROUND CHECK. THE ORIGINAL BACKGROUND CHECK MUST BE RETURNED TO CRIME STOPPERS. I FURTHER UNDERSTAND THAT ACCEPTANCE OF MY APPLICATION IS AT THE DISCRETION OF THE BOARD OF DIRECTORS OF CRIME STOPPERS OF SIMCOE-DUFFERIN-MUSKOKA, I HEREBY DECLARE THAT THE FORGOING INFORMATION IS TRUE, AND COMPLETE TO MY KNOWLEDGE. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY MY APPLICATION.

DATE: _____ SIGNATURE:

As outlined in the attached brochure, Crime Stoppers is not funded by the government, police agencies or the United Way. Fundraising and community representation are two very important responsibilities for Directors. To help us strengthen our Board, organize committees and make the best use of our Director's talents, we would appreciate your responses to the following questions.

1, Why would you like to be a Director for Crime Stoppers?

2. Briefly outline fundraising experiences you have been involved in and suggestions you have to support Crime Stoppers in raising funds.

3. Outline your community involvement, contacts, experiences, etc. that would benefit in being a representative for the _____ area.

4. What skills, experiences and interests will you bring to the Board of Directors?

5. What suggestions do you have for the Board of Directors to consider that could make Crime Stoppers more effective and better achieve our goal of helping reduce crime make our communities safer?

6. (a) Approximate (estimate) the amount of time per month you could donate to Crime Stoppers (including the local community committee meetings)?

(b) What is the best time of day for you to attend meetings?

- Morning
- Afternoon
- Evening
- No Preference

Thank you for your application.
Board of Directors