



London-Elgin-Middlesex Crime Stoppers
 P.O. Box 24140
 London, ON
 N6H 5C4

APPLICATION FOR MEMBERSHIP

Personal Information

 Last Middle First

 Street Address City Postal Code

 Home Telephone No. Work Telephone No. E-mail Address (optional)

Referred by (board member, if applicable) -

1. _____ 2. _____

Please list below your present and past employment, include address:

Date	Employer Name and Address	Position Held

If selected to become a Crime Stoppers Member, please indicate the date you can start: _____

List special interests, skills or hobbies:

What languages do you speak? _____

Please answer the following question in paragraph form. What do you feel you can contribute that would benefit the Crime Stoppers' Program?

Crime Stoppers needs assistance with various fundraising and/or promotional events. Please indicate the events you would like to assist/participate:			
Presentations to Community Groups		Western Fair	
Jailathon		Information Booth (at various locations and dates)	
Fundraising		Serving on Board of Directors in future	

Please list three references:		
Name	Address	Telephone Number

I understand that, to become a volunteer/director of Crime Stoppers, I must not be charged with, or convicted of a criminal offence under the Canada Criminal Code.

As part of my application to become a director/volunteer of London-Elgin-Middlesex Crime Stoppers **I will** obtain and include with my completed Application form, a Criminal Record and Background Check containing information concerning any convictions or criminal offenses relating to me. This service can be provided by one of the following: London Police Services, Strathroy-Caradoc Police Services and/or the Ontario Provincial Police in your area.

After an initial interview, a private and confidential review process of the application will be conducted by the London-Elgin-Middlesex Crime Stoppers Membership Committee. Acceptance or rejection of the applicant is at the sole discretion of the Membership/Recruitment Committee. The said Committee shall not provide written or oral reasons for either the acceptance or rejection of any application.

Date: _____ Signature: _____

Please forward this application to: London-Elgin-Middlesex Crime Stoppers Inc.
P.O. Box 24140
London, ON N6H 5C4

DO NOT WRITE BELOW THIS LINE	
DATE REVIEWED BY MEMBERSHIP COMMITTEE: _____	
APPLICATION ACCEPTED	APPLICATION DECLINED
REMARKS:	
DATE NOTIFIED BY MEMBERSHIP COMMITTEE	
DATE TO START AS GENERAL MEMBER OF LONDON CRIME STOPPERS INC.	

CONFIDENTIAL

POLICE CHECK CRIMINAL RECORD CHECK

REQUESTED BY: London-Elgin-Middlesex Crime Stoppers Inc.

IN REGARD TO:

NAME: _____
(last) (first) (middle)

MAIDEN NAME (or Surname Used): _____

DATE OF BIRTH: _____

MAILING ADDRESS: _____

PREVIOUS ADDRESS: _____

REASON FOR POLICE CHECK: CRIME STOPPERS MEMBERSHIP

AUTHORIZATION:

I hereby authorize the London Police Service and/or the Ontario Provincial Police to obtain information they might have concerning any convictions or criminal offenses relating to me and, further, I authorize and direct the London Police Service and/or the Ontario Provincial Police or any of its officers or officials to divulge any such information to the London-Elgin-Middlesex Crime Stoppers Inc. in the event a request is made by that organization to the Police Service for such information.

Date: _____

Signed: _____

Witness: _____

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POLICE CHECK _____

DATE: _____

SIGNED: _____

Police Service