



**OTTAWA POLICE SERVICE  
SERVICE DE POLICE D'OTTAWA**

*The Trusted Leader in Policing  
Le chef de file de confiance dans la police*

**VOLUNTEER CANDIDATE PROFILE**

**Auxiliary Police Program**

**PRINT CLEARLY. THIS WILL BE USED TO MAIL YOUR FORM BACK TO YOU.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

< First Name, Middle Name, Surname  
< Unit/Number, Street  
< City, Province  
< Postal Code  
< Phone Number  
< Email Address

Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

What is the highest level of education you have completed?

Grade 12

College/University

Other

List any degrees, diplomas or certificates you have completed:

Language Proficiency:

English

French

Other

Specify: \_\_\_\_\_

Do you have previous auxiliary, military, or other law enforcement related service? Yes  No

Do you have any special skills that would relate to an auxiliary member? Yes  No

Are you currently an applicant for any police, military or law enforcement organization? Yes  No

Please attach a resume (CV) and a short essay (maximum 1,000 words) of what you would bring to Ottawa Police as a Volunteer Police Auxiliary Member.

**SUBMIT TO:**

Email your resume (CV) and essay, along with this Candidate Profile to [AuxiliaryProgram@ottawapolice.ca](mailto:AuxiliaryProgram@ottawapolice.ca).

## VOLUNTARY INFORMATION

You are invited to fill out the voluntary information below, it is not mandatory.

Date of Birth (yyyy/mm/dd): \_\_\_\_\_ Place of Birth (yyyy/mm/dd): \_\_\_\_\_ Sex: M  F

Do you consider yourself to be a member of a racialized group?

- Yes  
 No

Which one of the following do you consider yourself to be:

- A person living with a disability  
 A person NOT living with a disability

## AUXILIARY SELECTION

### Authorization For Release of Information

I, \_\_\_\_\_ the undersigned, hereby authorize any physician, psychologist, employer, organization or person to whom a signed copy of this authorization or a photocopy or fax thereof is delivered, to provide any information, opinion, reports, records, documents or copies thereof in any form which may be requested in connection with my application for service with police services in Ontario, and any subsequent training and service. Personal information about me that is obtained through this selection process is collected under the authority of section 43 of the *Police Services Act*.

I understand that information about me will be used to assess my qualifications and suitability in relation to my application for service as an auxiliary police member, as well as for research purposes. With regard to research, I understand that I will in no way be personally identifiable in any research document, and that data on me will be combined with data from other candidates for the purpose of conveying general findings or trends. I consent to the collection, use, disclosure, transmittal and examination by the Ontario Association of Chiefs of Police (OACP), the OACP-licensed assessment firm, the Ministry of the Solicitor General and Correctional Services and the police services to which I have applied or may apply, of all information compiled about me, including:

- Academic records and transcripts
- Employment records
- Police records and history of law involvement
- Police service applications
- Medical information
- Background and security checks (including CPIC, NCIC, Interpol, etc.)
- Financial information including credit bureau check
- Driving record
- Physical, psychological, visual, aptitude and other related tests and interview information provided during the selection process
- Applicant survey information
- Training records
- Police service performance review records
- Personal information about me that is obtained during the selection process and during any subsequent training and service may be disclosed for the purpose for which it was obtained or for a consistent purpose.

I further understand that any questions that I may have concerning the collection, use or disclosure of this information should be addressed to the Ottawa Police Service.

I hereby acknowledge and declare that the terms of this authorization for release of information are fully understood by me.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date