



**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 service or military? Yes No

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

SUBMIT TO:

Submit your essay, along with this Candidate Profile, hard copy by:

MAIL:

Ottawa Police Service
Auxiliary Police c/o Human Resources
P.O. Box 9634, Station T
Ottawa, ON
K1G 6H5

COURIER/DROP OFF:

Ottawa Police Service Headquarters
Auxiliary Police c/o Human Resources
474 Elgin Street, Room 204
Ottawa

VOLUNTARY INFORMATION

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

Date 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 constable, 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