Telephone: 604-717-3584
Email: info@hscpc.com
Website: hscpc.com
2620 East Hastings Street
Vancouver, BC V5K 1Z6

Community Volunteer Participant

Member Background

Name: _____ **Date of Birth:** DD / MM / YYYY

Address: _____

City, Province: _____ **Postal Code:** _____

Home Phone: _____ **Cell Phone:** _____

Email: _____

Do you have any health concerns we should know about? If so, please explain.

_____

Emergency Contact Person: _____ **Number:** _____

I understand that the above information is held strictly confidential and is only accessible by Hastings Sunrise Community Policing Centre staff members. The information provided will only be used in case of an emergency involving a Volunteer Participant.

_____ _____
Signature of Participant **Date**

Parental/Guardian consent for those under the age of 18:

_____ _____
Signature of Guardian **Date**

_____
Name (Please Print)

Internal Use Only

Program:

Purpose: ☐ **To participate as a Volunteer Participant** ☐ **To observe as a Volunteer Participant** ☐ **Other (please explain):**

V:\PROGRAMS\Information and Community Assistance\Sign up Sheets\Blank letterhead.docx