



Toronto Police Service Adult & Youth Volunteer Program Volunteer Personal History

CPEU 2, 2020/07



Personal information on this form is collected and disclosed pursuant to the Police Services Act and the Municipal Freedom of Information and Protection Act.

Volunteer:

Name: _____
Surname, First, Middle

** Medical Information: The information contained below is sought expressly for use in the event of an emergent health situation. It is not collected for any other reason expressed or implied. The collection of this information is of purely voluntary nature.*

Health Card No.: _____

Please indicate any special physical/medical conditions which must be taken into consideration with respect to the above applicant volunteer activities:

In case of Emergency, please contact:

Name: _____ Relationship: _____
Surname, First, Middle

Address: _____
City Province Postal Code

Telephone (H): _____ Telephone (W): _____ Telephone (Cell): _____

**Note it is important that you immediately advise your Supervisor or the Adult and Youth Volunteer Coordinator of any change or amendment to the information contained within this document.*

Signature of Volunteer Applicant: _____ Date: _____
(YY.MM.DD)

Name of Parent or Guardian: _____ Signature: _____ Date: _____
(If applicant is under 18 years of age. Please print clearly) (YYYY.MM.DD)

Witness by Service Member: _____ Badge: _____ Date: _____
(YYYY.MM.DD)

Signature: _____

*Distribution: Copy- Personnel File
Copy- Adult & Youth Coordinator, CPEU - Community Partnerships & Engagement Unit*