



**Society of St. Vincent de Paul
Prince George**

Box 1617
Prince George, BC
V2L 4V6
250-564-7871
svdppg@shaw.ca

Dear Volunteer,

Thank you for considering being a volunteer at St. Vincent de Paul! Our volunteers are the cornerstone in the work we do.

The Society of Saint Vincent de Paul is an international, lay Catholic service organization dedicated to helping anyone in need. Our mission is to live the Gospel message by serving Christ in the poor with love, respect, justice and joy.

The Mission of the Society of Saint Vincent de Paul implies that, as Vincentians, we:

- see Christ in anyone who suffers
- come together as a family
- have personal contact with the poor
- help in all possible ways

Attached to this volunteer package you will find the following:

1. Volunteer Application Form
2. Information on our Volunteer Opportunities
3. A Criminal Record Check Letter
4. Criminal Record Check Form

Instructions:

Complete the volunteer application form and return it to the Drop In Centre (1220 2nd Avenue, Prince George BC) . Please note on the form "Attention of the Board".

Fill in the date, your name and the date of birth on the Criminal Record Check letter.

Fill in the Criminal Record Check form with all requested information.

Take the Criminal Record Check letter, along with the Criminal Record Check form and two (2) pieces of Government-issued Identification, including one photo ID, to the RCMP office at 455 Victoria St, Prince George BC.

Once they have completed your Criminal Record Check, they will call you to pick it up from the same location (455 Victoria St).

Please pick up the completed report, place in the attached envelope and provide it to the Manager either at the Drop In Centre, at 1220 2nd Ave Prince George BC. Please label "Attention of the Board".

We look forward to receiving your completed application.

Sincerely,

Bernie Goold

President, Society of St. Vincent de Paul.



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First Name:
Last Name:
Address:
Home Phone:
Cell or other Number:
Email:

Areas in which I would like to volunteer: (please check all that apply)

Drop In Center
Store
Driver Assistant
Other (Please specify):

Relevant Volunteer/ Paid Experience:

Availability Day/Time:

Additional Comments:

Please list any allergies, medications or medical conditions of which we should be aware:

Emergency Contact Details:

First Name:
Last Name:
Relationship:
Phone Number:

Applicant Signature:

By typing your full name and date below, you acknowledge that the information on this form is correct and that you are applying to volunteer with our society.

Signature:
Date:

* Please note: A completed Criminal Record Check is required every 5 years.

For Office Use Only:
CRC Date:

Results:

*Thank you for considering being a volunteer at St. Vincent de Paul!
To serve others with dignity, justice and respect*

St. Vincent de Paul Society Volunteer Opportunities

St. Vincent de Paul operates 365 days a year, thanks to those who donate household items, food and money to the Drop In Centre and Thrift Store. Our greatest blessing is the volunteers who give of themselves; they are the heartbeat of our ministry and we could not operate without them.

Volunteer positions with St. Vincent de Paul are diverse and rewarding. Whether you are available for just 1 hour, one day a week, month or year, we would appreciate your time and skills. Thank you for the consideration!

Drop In Centre Volunteers

Monday – Friday

Breakfast 7:30 am – 10 am

- Make toast and prepare for take-out meals
- serve breakfast via take-out window (8:30 – 9:30)
- clean dishes, assist with hamper preparation

Lunch Preparation 10 am – 2 pm

- Assist Chef with food prep duties as required
- chopping, washing
- salads, breads, hamper preparation, cutlery bags
- assist with take-out meal prep
- serve lunch via take out window (12:30 – 1:30)
- dishes and cleaning

Evening Sandwich Line 6:30 pm– 8:30 pm

- make sandwiches 6:15 – 7:30
- serve sandwiches via take-out window 7:30 – 8:00
- dishes and kitchen cleaning

Saturday – Sunday

Weekend Breakfasts 8:00 am – 11:30 am

- make toast and prepare take-out meals
- serve breakfast via take-out window (9:00 – 10:00)
- clean and assist with hamper preparation

Other areas of assistance/Drop In Centre Tasks

- preparing bulk food items for hampers and kitchen use
- sorting perishable food items
- restocking pantry shelves
- rotating items in cooler and bread shelves
- general cleaning in hamper and storage areas

Revised March 2022



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Date:

Regarding: Police Information Check
Volunteer Position for St. Vincent de Paul Society
Prince George, BC

The Society of St. Vincent de Paul is a non-profit society operating a Drop In Centre and Thrift Store to assist low-income and homeless people in Prince George and surrounding area.

Name: _____, Date of Birth _____, has applied to become a volunteer and will not be paid for their work, nor compensated for any expenses.

Sincerely,

Bernie Goold

Bernie Goold, President
on behalf of St. Vincent de Paul Society Board of Directors

Instructions for the Volunteer:

Fill in fields on the letter, print.

Fill in the RCMP Criminal Record Check form with all required information.

Take this letter and the completed Criminal Record Check form, along with two (2) pieces of government-issued Identification (must include one (1) photo ID) to the RCMP Office at 455 Victoria St, Prince George.

Please pick up the completed report, place in an envelope and address it "To the Attention of the Board", and deliver it to the Drop In Centre Co-ordinator at 1220 2nd Ave Prince George BC.



**Prince George RCMP Detachment
Police Information Check**

XXXX Police Use Only

Log:

Receipt:

Received at:

IDENTIFICATION - one form must be photo ID (office use only).

Type of ID Produced:	Number:
Type of ID Produced:	Number:

INSTRUCTIONS FOR COMPLETION

(PERSONAL INFORMATION ON THIS FORM IS COLLECTED UNDER THE AUTHORITY OF THE BC FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT & FEDERAL PRIVACY ACT)

Please complete clearly in ink

You must apply in person at the Police Agency in the jurisdiction you reside. At the time of application you must present:

Any applicable fee (see website for costs and payment options).

One piece of current, government-issued photo identification and one piece of identification verifying name and date of birth.

If you are unable to provide proper identification the police agency cannot complete your check.

Your Police Information Check will review all available law enforcement systems, including any local police records.

This check will NOT include: overseas or US records, traffic tickets, Motor Vehicle Act offences or municipal bylaw offences.

The results of this check will not be forwarded to a third party

(with the exception of confirmed positive Vulnerable Sector responses or if a "Duty to Warn" arises).

PART I - PERSONAL INFORMATION (COMPLETED BY APPLICANT)

LAST NAME	FIRST NAME	MIDDLE NAME(S)
<input type="text"/>	<input type="text"/>	<input type="text"/>
PREVIOUS NAMES (including name changes and birth/maiden name)		SEX
<input type="text"/>		Female <input type="checkbox"/> Male <input type="checkbox"/>
DATE OF BIRTH (YYYY/MM/DD)	PLACE OF BIRTH:	
<input type="text"/>	<input type="text"/>	
ADDRESS (Apartment, street # and name)	CITY	PROV BC POSTAL CODE
<input type="text"/>	<input type="text"/>	<input type="text"/>
PHONE NUMBER (residence)	PHONE NUMBER (cell)	
<input type="text"/>	<input type="text"/>	

PREVIOUS ADDRESS (LIST ALL ADDRESSES WITHIN THE LAST FIVE YEARS)

*Check Completed
(office use only)

STREET NAME: <input type="text"/>	CITY: <input type="text"/>	PROVINCE: <input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: <input type="text"/>	CITY: <input type="text"/>	PROVINCE: <input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: <input type="text"/>	CITY: <input type="text"/>	PROVINCE: <input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: <input type="text"/>	CITY: <input type="text"/>	PROVINCE: <input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no
STREET NAME: <input type="text"/>	CITY: <input type="text"/>	PROVINCE: <input type="text"/>	<input type="checkbox"/> yes <input type="checkbox"/> no

REASON FOR APPLICATION (check appropriate): ☐ Volunteer (attach letter) ☐ Employment ☐ Other (specify below)

Agency Key Contact Name:

Volunteer Agency/ Employer Name:

Volunteer Agency/ Employer Address and Phone Number:

IS YOUR REQUEST RELATED TO WORK/ VOLUNTEERING WITH VULNERABLE PERSONS: ☐ YES ☐ NO

(if yes - please complete Vulnerable Sector Search Consent FORM 1 on page 7)

Applicant's Name

Applicant's DOB

VULNERABLE SECTOR APPLICANT

FORM 1 - CONSENT FOR A CRIMINAL RECORD CHECK FOR A SEXUAL OFFENCE FOR WHICH A PARDON HAS BEEN GRANTED OR ISSUED

This form is to be used by a person applying for a position with a person or organization responsible for the well-being of one or more children or vulnerable persons, if the position is a position of authority or trust relative to those children or vulnerable persons and the applicant wishes to consent to a search being made in criminal conviction records to determine if the applicant has been convicted of a sexual offence listed in the schedule to the *Criminal Records Act* and has been pardoned.

Reason for Consent:

I am an applicant for a paid or volunteer position with a person or organization responsible for the well-being of one or more children or vulnerable person(s).

Description of the paid or volunteer position (*what you will be doing*):

Provide details regarding the children or vulnerable person(s) (*what ages, type of client(s) you will be in authority over*):

Consent: I consent to a search being made in the automated criminal records retrieval system maintained by the Royal Canadian Mounted Police to determine if I have been convicted of, and been granted a pardon for, any of the sexual offences that are listed in the schedule to the Criminal Records Act. I understand that as a result of giving this consent, if I am suspected of being the person named in a criminal record for one of the sexual offences listed in the schedule to the Criminal Records Act in respect of which a pardon was granted or issued, that record may be provided by the Commissioner of the Royal Canadian Mounted Police to the Minister of Public Safety of Canada, who may then disclose all or part of the information contained in that record to a police force or other authorized body. That police force or authorized body will then disclose the information to me. If I further consent in writing to disclosure of that information to the person or organization referred to above that requested the verification, that information will be disclosed to that person or organization.

Signature of Applicant

Date Signed

DECLARATION OF A CRIMINAL RECORD (if applicable) - Completed by Applicant

By declaring any offences of which you have been convicted, your criminal convictions record can be confirmed without needing to submit your fingerprints for verification of your identity and the processing delay that this causes.

- **Please list below** all offences of which a judge has convicted you (whether indictable or summary) and specifically identify the offence, date you were convicted, and place where the offence was committed.
- **Do Not** disclose convictions for which you have received a pardon pursuant to the *Criminal Records Act*, or charges that were dismissed, stayed, or resulted in absolute or conditional discharges.
- **Do Not** disclose offence convictions where you were found guilty of an offence committed while you were a "young person" (younger than eighteen years), pursuant to the *Youth Criminal Justice Act*.

Date of Conviction

Nature of Offence

Location/ Jurisdiction

Signature of Applicant

Date signed

Applicant's Name

Applicant's DOB

SEARCH AND DISCLOSURE CONSENT AND LIABILITY RELEASE

I request and consent to the Prince George Royal Canadian Mounted Police and its employees searching any policing agency or court databases, based on the information I have provided, in order to locate any records and information in which I am referred to, and to report, by way of this form, any formal criminal records or pending charges that I am the subject of. If I have indicated that I will be working with the vulnerable sector, I also request and consent to the reporting of any documented adverse contact with police, any incident in which no charges were laid, or any matter regulated by provincial statutes, that I am the subject of. I understand that records may continue to exist even if they are no longer listed in particular records database indices.

I understand that information collected as a result of this Police Information Check will only be released **directly to me and not to any third party**; however, I specifically intend to provide the reported information to the employer or volunteer agency that I have listed. I understand that they alone, and not the police, will determine the impact of any reported search results, on whether I obtain the position for which I am being considered. I understand that the accuracy of the reported information, to be disclosed to me, is not and cannot be guaranteed, and may include errors or omissions.

By my signature below, and for and in consideration of this Police Information Check being completed for me, the receipt and sufficiency of which I hereby acknowledged, I agree not to bring any legal actions, claims or demands, for losses or damages, including indirect or consequential, that I might sustain by reason of the Police Information Check being performed for me, against the Municipality/Corporation of the of Prince George its associated Police Board and any employees thereof, and to release them each from any and all liability and any actions, claims or demands, even if arising from their negligence or even gross negligence.

I have read and understood this form, and in particular this section, and by signing below I am consenting to the above terms. By signing, I also certify that the information that I have provided is true and correct to the best of my knowledge and belief.

Signature of Applicant

Date Signed

***** FOR OFFICE USE ONLY*****

QUERY TYPE	Queried by:	Negative	Attached	Date
CPI C				
PRIME				
PIP/ LEIP				
JUSTIN				
VS - FP REQ.				

NOTES (office use only):
