

MEMBERSHIP APPLICATION

Contact Information

NAME								
Last:			First:		-	Preferred:		
Address		•			,		•	
City		P	Province	9	Pos	stal Code:		
PHONE NUM	BERS:				•		•	
Home:		Work:				Mobile:		
Email:							•	
Are you 18 or ol	der? Yes or	No						
Do you have a v	alid driver's licence a	nd acces	ss to a v	ehicle?	Yes	or N	0	
What position (s) would you like to v	olunteer	for?					
Support	K9 Handler	D	iver	Other:				
K9 Handler P	osition Only-Pleas	se provi	ide info	ormation be	elow	:		
K9 Name:	В	reed					Age	
Training / Experience / Certification(s)								
•	about this volunteer			er?				
lated History	arch and rescue or r	elevant e	experier	nce? If so, ple	ease d	lescribe.		

CPA Recovery K9 Unit

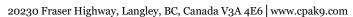


20230 Fraser Highway, Langley, BC, Canada V3A 4E6 | www.cpak9.com

Have you ever been a member of a volunteer organization? If so, please list.
Do you belong to any other organizations that may cause a conflict of interest?
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Skills and Qualifications (Please attach a related résumé) We look for special skills and qualifications related to search and recovery and/or enjoying the outdoors and/or community work through your jobs or volunteer positions (e.g. first aid, map & compass, winter travel).
Fundraising
List any fundraising experience and/or fundraising projects or programs you have taken part in or lead.
Committee Work
List any committee or board work you have done through work or volunteer positions.
Personal Equipment
State what personal outdoor equipment you have

Something you feel we missedIf you wish to describe any further skills, training, education and/or interests that you feel is possibly relevant to the search and recovery volunteer position, please feel free to attach a separate page.

CPA Recovery K9 Unit





References

Please provide two (2) references, other than family or friends, whom you have known for over one (1) year (e.g. co-workers, managers...)

Name:							
Relationship:	Phone #:						
Email:							
Name:							
Relationship:	Phone #:						
Email:	$1 \text{ Hone } \pi$.						
	my consent to contact the above references regarding this application.						
Please review each	item below. Initial in the column to the left.						
I consent to a	Criminal Background Check						
I acknowledg	I acknowledge and understand the expectations of the role						
	to required activities such as participate in regular training sessions, ns, fundraising events.						
I verified all i	nformation provided is true and accurate						
contacted the	I acknowledge that CPAK9 is under no obligation to accept me as a volunteer. I have contacted the above references and their willingness to provide a reference for me and confirmed the above information.						
and serve the individuals.	CPAK9 volunteer members regularly provide a service to law enforcement agencies and serve the public in a trusted capacity, often working with vulnerable and minor individuals. A clear Criminal Record Check is required for our members and will be reviewed every two years.						
waiver of liab	e and agree that it will be a condition of my membership that I sign a ility in favour of CPAK9, and that I must do so before I will be participate in any search and recovery activities.						

Signature

Date