



Application for Membership to the Cochrane District Crime Stoppers Auxiliary

Name _____

Address _____

Email _____

Phone _____

EMPLOYMENT HISTORY (Last 5 years)			
EMPLOYER	ADDRESS/PHONE	DUTIES	DATE/DURATION
REFERENCES			
NAME	PHONE/EMAIL	RELATIONSHIP	ADDITIONAL NOTES

Please indicate why you would like to volunteer with Crime Stoppers:

By signing this application I hereby declare that the above and attached information is true and correct. Further, I understand that my signature demonstrates my consent for Cochrane District Crime Stoppers to obtain my criminal background check.

Date

Signature

Please ensure to attach copies of two pieces of photo identification. Returnable to Timmins Police Station: Attention Crime Stoppers Coordinator.