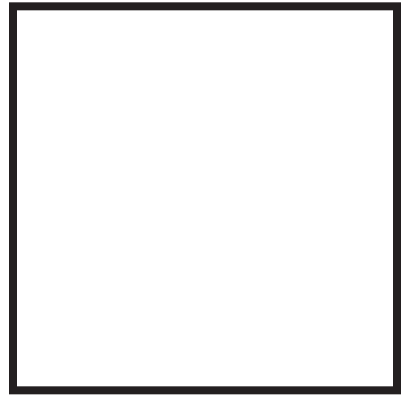




Vancouver Guardian Angels™

Application Form

This information is for our records and reference only and will be kept private except as required to verify information or in compliance with proper legal requests



First Name _____ Last Name _____

Alias/Nickname _____ Date of Birth _____

Street Address _____

City _____ Prov. _____ Postal Code _____

Home Phone _____ Cell _____ Email _____

Occupation _____ Name of Workplace/School _____

How did you hear about the Guardian Angels? _____

Why do you want to become a Guardian Angel? _____

What programs are you interested in? Patrols Admin Training Youth Education

Marketing/Media Public Speaking Community Service Fundraising Travel

Do you have any specialized skills, certifications, interests, or hobbies? _____

What is the highest level of your education? _____

Which foreign language(s) do you speak or understand? _____

Are you interested in working in schools educating youth about anti-gang/gun/violence programs? _____

Have you ever been a member of the Guardian Angels? _____ If yes, explain when, where, and reason for leaving _____

Answering “yes/no” to any of the following questions may not necessarily disqualify you from membership.

Have you ever been convicted of a criminal offence other than minor traffic/parking violations? _____

If yes, please explain when, where, type of crime, punishment and current probation or parole status: _____

Probation/Parole Officer _____ Phone _____

Are you currently affiliated with any gangs, hate groups, or organizations involved in promoting crime? _____

If yes, please explain _____

Are you applying for the purpose of news or intelligence gathering, investigative, or research work? _____

If yes, please explain _____

Do you have any medical condition and/or are you presently taking any medication that could interfere with your ability to maintain mental alertness and/or prevent you from participating in strenuous physical activity? _____

Emergency Contact/First Reference

First Name _____ Last Name _____

Relationship _____ Phone _____ Cell _____

Address _____ City _____ Prov. _____

#2 Reference

First Name _____ Last Name _____

Relationship _____ Phone _____ Cell _____

Address _____ City _____ Prov. _____

#3 Reference

First Name _____ Last Name _____

Relationship _____ Phone _____ Cell _____

Address _____ City _____ Prov. _____

I certify that the information provided is true and complete to the best of my knowledge and understand that providing false or misleading information may result in disqualification or dismissal.

I authorize you to contact the references listed herein. I authorize the references listed herein to provide you with information regarding my application and character. I also authorize you to conduct a criminal background investigation for the purpose of verifying eligibility for membership.

I understand that if accepted, I will be required to abide by all the rules and regulations of the Guardian Angels.

I understand that if I participate in patrol activities, I will be required to undergo progressively strenuous and intense training exercises.

I will also be required to patrol in hazardous areas with high levels of criminal activity, and assist those in need when safe to do so.

Applicant Signature _____ Date _____



Vancouver Guardian Angels™

Waiver and Consent Form

Part 1: To be filled out by applicants age 18 or over

I, the undersigned _____, hereby release The Guardian Angels organization and/or their agent(s) from all responsibility for any and all injuries that I might incur while in training, on patrol, or in any other Guardian Angels group function/capacity. I accept that I am fully responsible for any/all of my own medical expenses from an injury as a result of my involvement with the organization. I have read, understood, and approved the above agreement and I affix my signature in compliance with the above agreement.

Date _____ Signature _____

Part 2: This is to be filled in by the parent(s) or legal guardian(s) of any trainee less than 18 years of age but over the age of 15

I/We the undersigned parent(s) or guardian(s) of _____, hereby give our permission for his/her participation in Guardian Angels activities.

I/We release the Guardian Angels from any responsibility or liability for any and all injuries he/she might incur while participating in Guardian Angels activities. We realize and accept that we are fully responsible for his/her medical expenses.

I/We have read, understood, and approved the above agreement and affix our signature(s) below to attest it.

Print Name _____ Date _____

Signature _____

Print Name _____ Date _____

Signature _____

Home Phone _____ Cell _____

Witness Name _____ Date _____

Signature _____