



Ministry of
Public Safety &
Solicitor General

Alouette Correctional Centre for Women

24800 Alouette Rd
Maple Ridge, BC
V2X 7G4

CORRECTIONS BRANCH

Telephone: (604) 476-2686
Facsimile: (604) 476-2656

REQUEST FOR C.P.I.C. SEARCH FOR VOLUNTEER STATUS AT ACCW PLEASE COMPLETE IN FULL

(PLEASE PRINT CLEARLY-NO INITIALS) NEW _____ RENEWAL _____ SEX M _____ F _____

(SURNAME) _____ (FIRST) _____ (MIDDLE) _____

ALIAS NAMES (IF ANY) _____ MAIDEN NAME _____

PRINCIPAL RESIDENCE _____
STREET CITY

PROVINCE POSTAL CODE TELEPHONE

DATE OF BIRTH _____
YEAR MONTH DAY

PLACE OF BIRTH _____ Email: _____
CITY/TOWN/MUNICIPAL PROVINCE

<u>PHYSICAL APPEARANCE</u>		
HEIGHT: _____	HAIR COLOUR: _____	EYE COLOUR: _____
ETHNICITY: _____	EYEWEAR: _____	

EMPLOYER: _____ TELEPHONE: _____

NEXT OF KIN: _____
LAST NAME GIVEN NAME RELATIONSHIP

CONSENT TO SEARCH: X _____ DATE _____

IDENTIFICATION TYPE: _____ IDENTIFICATION#: _____ Please attach a photo copy
I.E. DRIVERS LICENCE

STAFF VERIFICATION: _____
PLEASE PRINT SIGNATURE DATE

WARDEN/DEPUTY WARDEN APPROVING SEARCH	
NAME: _____ AUTHORIZING SIGNATURE _____	
C.P.I.C. SEARCH COMPLETED AT ACCW :	
_____ 1.	NO RECORD, COPY ATTACHED
_____ 2.	A RECORD EXISTS, COPY ATTACHED
_____ 3.	A RECORD MAY EXIST, BUT CANNOT BE VERIFIED WITHOUT FURTHER INFORMATION. COPY ATTACHED
STAFF MEMBER DOING THE SEARCH: _____ DATE COMPLETED: _____	
ADMISSION TO ACCW <u>APPROVED</u> Or <u>DENIED</u>	
WARDEN/DEPUTY WARDEN SIGNATURE _____	DATE _____

**APPLICATION TO VOLUNTEER AT ACCW
ATTENTION: PROGRAM SUPERVISOR**

ORGANIZATION OR GROUP YOU ARE AFFILIATED WITH: W2

COORDINATOR'S SIGNATURE: LINNEA GROOM

References: (List the names of 3 references. Please do not include family members.)

Name	Tel#	Relationship
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Name	Tel#	Relationship
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Name	Tel#	Relationship
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Are you on the visiting list of, or related to, in any way, an inmate in this or any other institution except as a volunteer of an approved agency? Yes__ No__ If yes, state the name, relationship and the institution:

What motivated you to explore volunteer opportunities at ACCW? Was it a conscious decision to work with offenders rather than victims? _____

Do you have any personal values or ethics that would make it hard for you to work with any particular inmate / resident? (e.g. homosexuality, harm reduction, abortion or sex offenders)

What are your hobbies and other interests: _____

General area of work or study: _____

What languages do you speak? _____

AFFIRMATION OF CONFIDENTIALITY

I, _____, do affirm/swear that I will not disclose or make known any matter or
(Print name)

thing which comes to my knowledge by reason of my position as a volunteer except in cases where I have information in which a resident or inmate may harm herself or another person: or the safety of the general public or the institution may be violated. In the above cases, I will immediately report the matter to a Correctional Officer at ACCW. Please sign here if you agree to the above conditions and affirm that all the information you have supplied is correct to the best of your knowledge:

(Signature)