Fanshawe College -- Campus Security Services

Student Auxiliary Application

Form # CSS 109 - 2022

To be completed by new students for consideration as new Student Auxiliary team members.

Please note that the information provided on this form is for the sole purpose of assessing the applicant's suitability for involvement in the Student Auxiliary program. All information will be treated as confidential in accordance with Fanshawe College policy on personal information as well as Protection of Privacy Legislation.

PERSONAL INFORMATION:

SURNAME OF APPLICANT: | GIVEN FIRST NAME: | SECOND GIVEN NAME:

LOCAL ADDRESS:

NUMBER | STREET NAME | APT # | POSTAL CODE | CITY | PROVINCE

LOCAL PHONE # | CELL PHONE # | FANSHAWE EMAIL ADDRESS: | ALTERNATE EMAIL ADDRESS:

HOME ADDRESS ☐ AS ABOVE, OR:

NUMBER | STREET NAME | APT # | POSTAL CODE | CITY | PROVINCE

STUDENT INFORMATION:

FANSHAWE STUDENT # | PROGRAM | YEAR

DRIVERS LICENCE INFORMATION:

Are you currently licensed to operate a motor vehicle in the province of Ontario? ☐ YES ☐ NO

DRIVERS LICENCE NUMBER: | PROVINCE OF ISSUE: | CLASS:

IF THERE ARE RESTRICTIONS, INDICATE NATURE:

Are there any restrictions on your license? ☐ YES ☐ NO

Has your licence been cancelled or suspended in past 5 years? ☐ YES ☐ NO

Have you been convicted of traffic offence in the past 5 years? ☐ YES ☐ NO

Have you been found at fault in a motor vehicle collision in the past 5 years? ☐ YES ☐ NO

If you have answered YES to any of the above questions, you will be required to provide a Driver's Abstract. This can be obtained though any office of the Ministry of Transportation and a copy must be attached to this application.

TRAINING AND BACKGROUND:

Do you have experience in a security or enforcement role? ☐YES ☐NO

If "YES", briefly describe your responsibilities:

Have you completed specialized training in security, enforcement or a related skill? ☐YES ☐NO

If "YES", briefly describe the training you completed:

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TRAINING AND BACKGROUND (continued):

Do you have experience in a customer service position? ☐ YES ☐ NO If "YES", briefly describe your experience:

Are you currently certified in First Aid / CPR? ☐ YES ☐ NO If "YES", what is the level of training?

☐ Emergency First Aid ☐ Standard First Aid ☐ First Responder ☐ Emergency Medical Responder

Was your First Aid training provided by: ☐ Canadian Red Cross ☐ St. John Ambulance ☐ Other

What other volunteer experience have you had?

MOTIVATION:

Briefly explain why you are interested in volunteering for the Campus Security Services Student Auxiliary.

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DECLARATIONS:

Student Auxiliary Members occupy a position of trust and must be above reproach with respect to their behavior and background. A Police background check must be completed for all prospective members to maintain public trust and the integrity of the program.

Do you have proof of a Police Vulnerable Sector Record Check completed within the past 6 months? ☐ YES ☐ NO

Have you ever been convicted of a criminal offence for which a pardon has not been granted? ☐ YES ☐ NO

Is there anything in your background which, if revealed as port of Police Background Check may constitute reason for concern over your involvement in the program? ☐ YES ☐ NO

Student Auxiliary Members may be required to assist Campus Security Constables in situations requiring physical intervention, lifting or moving heavy objects, running short distance, walking for extended periods of time and other forms of physical exertion. Given these physical requirements, do you currently have any physical or medical conditions which may interfere in your ability to perform these tasks? ☐ YES ☐ NO

By signing below, you declare that all information provided in this application is true and accurate as of the submission date. If you are accepted as a member of Campus Security Services Student Auxiliary, you agree that providing any or false or misleading information on this application will constitute grounds for dismissal from the program. You further agree, if accepted as volunteer, to abide by the conditions of your Volunteer Agreement and all applicable rules, policies and regulations which apply to your position as a Student Auxiliary Volunteer.

I herby declare that the information submitted on this application is true and accurate and, I f accepted as a member of the Campus Security Services Auxiliary Team, agree to abide by all stipulations contained in the standard Volunteer Agreement.

SIGNATURE: _____ DATE: _____