



Greater Sudbury Police Service

"Our Community Our Commitment"

"Notre Communauté - Notre Engagement"

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CITIZENS ON PATROL (COPs Program)

The Greater Sudbury Police Service is looking for a few good men and women to mobilize and make a difference in their community. Your volunteer time will be spent patrolling your neighbourhood and keeping an eye on the City while your friends and family sleep soundly knowing that you and people like you have taken it upon themselves to help protect your homes.

Program Information

Citizens On Patrol is a community-based initiative involving specially trained volunteers to work with the police providing additional eyes and ears in the community. The Program works closely with Citizen Committees, which are already established throughout the City of Greater Sudbury, whose role is to assist the Police in setting priorities for problem solving and enforcement strategies within their communities.

Citizens On Patrol was officially launched in October 2005 as a one-year pilot project in Capreol and Nickel Centre. The program utilized volunteers who were selected and trained by the Police Service.

Citizens on Patrol is comprised of members of the community who volunteer their time patrolling the community in teams of two in a private vehicle with a mandate to detect suspicious, disruptive and criminal behaviour. Upon witnessing something unusual or suspicious, COP Volunteers will communicate the appropriate information via radio to the Police Service who will in turn deploy officers to the area to investigate the situation.

After one year in operation, the Citizens On Patrol Program has 25 active volunteers. The Program is under the supervision of one Staff Sergeant, one Constable and one Civilian Coordinator.

Mission, Goals and Objectives

Mission: To build safer communities by mobilizing citizens throughout Sudbury to participate in a community-based crime prevention initiative in cooperation with the local law enforcement agencies.

Goals: To encourage, mobilize and support individuals and groups interested in and dedicated to improving the safety of Sudbury's communities through a coordinated, sustainable approach.

Objectives: *Deterrence* - to provide a presence in the community through patrolling in a vehicle; *Education* - to provide education to Sudburians on crime prevention and auto theft prevention through members of COP groups; *Awareness* - to increase Sudburians awareness on crime related issues.

Want to Join the COPS Team

For further information on the Program you may contact a member of the

Community Response Unit at (705) 675-9171, extension 2212 or 778362. If you are interested in making a mark in your community by becoming a member of this project, please complete the application form (provided below), and forward it to the attention of the Community Response Unit of the Greater Sudbury Police Service.

Links

Online Forms

Frequently Asked Questions

Kids Korner

Contact Us

Position Description



Application Form



Greater Sudbury Police Service



Greater Sudbury

Citizens On Patrol Program

Sudbury, Ontario

Volunteer Job Description

COP Patrol Member

Tasks and Responsibilities:

- Patrol the community by vehicle.
- Identify suspicious or concerning behaviour.
- Notify local law enforcement agency with emergency and concerning non-emergency situation.
- Maintain awareness of community crime deterrence activities and initiatives.
- Assist in increasing awareness and providing crime prevention information to local citizens, businesses and community organizations.
- Keep and maintain proper records.
- Follow COP policy and procedures.
- Maintain a positive and respectful presence in the community.
- Treat all people with whom you contact, with the courtesy and respect you expect for yourself.
- Maintain confidentiality at all times.

Qualifications:

- Minimum 19 years of age.
- In good health.
- Must pass background check.
- Good interpersonal skills and communications skills.
- Possess positive attitude and ability to work in a team environment.
- Ability to work responsibly with minimal supervision.
- Ability to work in a professional manner.
- Willing to participate in training sessions.

Benefits:

- Opportunity to contribute to the well-being of your community and your region in a meaningful and tangible way.
- Building a feeling of personal satisfaction knowing that you are proactively helping improve safety in your community.
- Opportunity to meet and participate with like-minded individuals who share a similar goal
- Opportunity to build interpersonal skills.

Time Commitment:

- Minimum of 12 hours per month

Training:

- Training session
- Volunteer Guide



CITIZENS ON PATROL PROGRAM Letter of Understanding

November 2005

(To be completed and dropped off at the Greater Sudbury Police Service)

Name of Volunteer:

SURNAME & MAIDEN NAME, if applicable Given Name Middle Name

• Attach a picture

Date & Place of Birth:

D.O.B. Year / Month / Day City, Province, & Country of Birth

Home Address:

Apt No. & Street Address City/Town Province Postal Code

Contact Information:

Home Telephone Cellular Number Email Address

Place of Employment:

Name of Business Supervisor Name Contact telephone number

Driver's Licence No:

Operator Licence Number Expires

Vehicle Information:

Year Make Model Colour Licence Province

Next of Kin:

Full Name Telephone Number

OFFICE USE ONLY

Member Assigned:

Area Community Response Unit Supervisor Rank Badge #

Security Clearance:

Date Completed

First Aid:

Date Completed

Interview:

Date Completed

Basic Training:

Comments - All Supporting Documents Attached

Approved: **Not - Approved:**

Comments - All Supporting Documents Attached

ID Card Issued:

Date ID Card Issued

ID Card Returned:

Date ID Card Returned & Reason



1. CONSENT FOR CRIMINAL RECORD / BACKGROUND CHECK

I hereby authorize and give my consent to the Greater Sudbury Police Service to make such investigations, as they deem necessary to determine the approval or disapproval of my involvement with this program.

I understand and accept that the Greater Sudbury Police Service, with input from the Citizens on Patrol Steering Committee, will have the final say in the approval or rejection of my involvement. Further, I understand and accept that the criteria or method of arriving at such decisions will not be questioned or objected to by me, and that I will have no grievance against the Greater Sudbury Police Service, or the Citizens on Patrol Steering Committee.

2. CODE OF PATROL CONDUCT

In the interest of my personal freedom from civil and criminal liability, I agree to abide by all of the provisions set out by the Citizens on Patrol Steering Committee. And, without restricting the foregoing, I understand that I MUST:

- Act in a professional manner at all times, fulfilling my duties and obligations with integrity and competence;
- Respect the confidentiality of all persons and information within the patrol, community, and local police;
- Notify my insurance company that I will be participating in a patrol and ensure I am properly covered, should I be involved in an accident;
- Use my Citizens on Patrol identification only when reporting in at checkpoints or when requested to produce it by a member of my local police service;
- Maintain a valid drivers licence and current registration for my vehicle if I am the driver;
- Maintain a valid CPR/First Aid certificate;
- Never go out on patrol alone;
- Not use any knowledge gained through my service for financial gain or profit;
- Not solicit or accept any gratuities for services provided through the patrol;
- Not take an untrained or unauthorized person on patrol, i.e. family or friends;
- Not carry or use any weapons while on patrol;
- Not pursue any vehicle or persons;
- Not be involved in criminal behaviour; and
- Not carry a dog in the vehicle, especially one which may appear as vicious.

I understand and agree that if accepted into the membership of the Citizens on Patrol that the Greater Sudbury Police Service, or the Citizens on Patrol Steering Committee may terminate my membership at anytime if I do not maintain the membership standards, requirements, or code of conduct.

3. DECLARATION OF CONFIDENTIALITY

I do solemnly declare that I will not disclose to any person outside the Greater Sudbury Police Service any information of which I may gain through my participation with the Citizens on Patrol program without authorization from the Greater Sudbury Police Service.

4. AGREEMENT TO CONSENT FOR PUBLICATION

I do declare that prior to publishing any article or other material containing information of which I may become possessed through my participation in the Citizens on Patrol program, I will submit same for review by the Greater Sudbury Police Service, for their approval and consent to publish.

5. UNDERSTANDING OF RISK & LIABILITY

I further acknowledge as a volunteer I am aware of the inherent risks and dangers involved in volunteering and I understand that I am responsible for my actions. Furthermore, if through my own negligence or willful misconduct, I damage any equipment donated or purchased for Citizens on Patrol, I am liable for the cost or replacement of the equipment.

6. WAIVER OF CLAIM

I further agree, being at the age of majority, in consideration of my participation with the Citizens on Patrol program, I hereby absolve and save harmless the Greater Sudbury Police Service or the City of Greater Sudbury, from all liabilities, causes of action, damages or otherwise for personal injury or loss of or damage to property, however caused, by or resulting from participation in the Citizens on Patrol program.

7. WITNESS AGREEMENT

I fully understand that, as a result of my participation with the Greater Sudbury Police Service, in this Citizens on Patrol program, I may be required and hereby agree to testify as a witness in future proceedings and that I may also be required and hereby agree to provide a statement and /or a detailed written account of my observations and actions in that regard. I also recognize and hereby agree that these written statements and/or accounts are subject to release to the defence counsel of an accused person where they are relevant to that person's defence in a related criminal proceeding.

8. INSURANCE

I understand that I will be using my own transportation unless a vehicle is donated to the Citizens on Patrol program. I also understand that it is my responsibility to notify my insurance company that I will be participating in a patrol and ensure that I am properly covered, should I be involved in an accident.

DATED THIS _____ day of _____, _____ A.D., at the _____ (city, town, village, etc.)

of _____, in the Province of Ontario.

Signature of Volunteer

Signature of Witness



C.O.P. VOLUNTEER APPLICATION FORM

FOR VOLUNTEER POSITION WITH THE GREATER SUDBURY POLICE SERVICE

COMPLETED APPLICATION MAY BE LEFT WITH INFORMATION OFFICER
AT 190 BRADY STREET

OR MAILED TO: COMMUNITY RESPONSE UNIT
GREATER SUDBURY POLICE SERVICE
190 BRADY ST.,
SUDBURY, ONTARIO P3E 1C7

POSITION APPLIED FOR: CITIZEN ON PATROL VOLUNTEER		DATE AVAILABLE TO BEGIN WORK:	
PERSONAL DATA			
SURNAME (PRINT):		GIVEN NAME:	
DATE OF BIRTH:	DAY	MONTH	YEAR
MAILING ADDRESS: _____ _____		TELEPHONE RESIDENCE: _____ BUSINESS: _____	
ARE YOU LEGALLY ELIGIBLE TO WORK IN CANADA?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
TIME AVAILABLE:			
Days preferred: Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Weekends <input type="checkbox"/> Any day <input type="checkbox"/>			
Hours preferred: Morning 8 am-12 pm <input type="checkbox"/> Afternoon 12 pm-4 pm <input type="checkbox"/> Evening 4 pm-12 am <input type="checkbox"/> Nights 12 pm-8 am <input type="checkbox"/> Anytime <input type="checkbox"/>			
WILL YOU BE ABLE TO CONTINUE YOUR WORK FOR AT LEAST ONE YEAR?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
INDICATE IF YOU	SPEAK	READ	WRITE
ENGLISH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FRENCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (SPECIFY) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DESCRIBE ANY OF YOUR SKILLS, EXPERIENCE OR TRAINING THAT RELATES TO THE POSITION BEING APPLIED FOR. _____ _____			

PERSONAL INFORMATION ON THIS FORM IS BEING COLLECTED DURING THE RECRUITMENT PROCESS UNDER THE AUTHORITY OF THE POLICE SERVICES ACT SECTION 43. FOR THE PURPOSE OF ASSESSING YOUR SUITABILITY FOR EMPLOYMENT. QUESTIONS ABOUT THIS COLLECTION SHOULD BE DIRECTED TO:

HUMAN RESOURCES
GREATER SUDBURY POLICE SERVICE
190 BRADY STREET
SUDBURY, ONTARIO P3E 1C7

EDUCATION

SECONDARY SCHOOL

MAJOR SUBJECT AREA	HIGHEST GRADE OR LEVEL COMPLETED	CERTIFICATE OR DIPLOMA RECEIVED YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF NO GIVE DETAILS _____

BUSINESS, TRADE OR TECHNICAL SCHOOL

NAME OF COURSE	LENGTH OF COURSE	CERTIFICATE OR DIPLOMA AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF NO GIVE DETAILS _____

COMMUNITY COLLEGE

NAME OF COURSE	LENGTH OF COURSE	CERTIFICATE OR DIPLOMA AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF NO GIVE DETAILS _____

UNIVERSITY

NAME OF COURSE	LENGTH OF COURSE	CERTIFICATE OR DIPLOMA AWARDED YES <input type="checkbox"/> NO <input type="checkbox"/>
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IF NO GIVE DETAILS _____

OTHER COURSES, WORKSHOPS, CERTIFICATES

DETAILS: _____

EMPLOYMENT HISTORY - BEING WITH MOST RECENT EMPLOYER

1. PRESENT EMPLOYER

FROM: _____ TO: _____

PHONE NO.: _____ ADDRESS: _____

TYPE OF BUSINESS: _____

DUTIES: _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

REASON FOR LEAVING: _____

2. PAST EMPLOYER

FROM: _____ TO: _____

PHONE NO.: _____ ADDRESS: _____

TYPE OF BUSINESS: _____

DUTIES: _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

REASON FOR LEAVING: _____

3. PAST EMPLOYER

FROM: _____ TO: _____

PHONE NO.: _____ ADDRESS: _____

TYPE OF BUSINESS: _____

DUTIES: _____

JOB TITLE: _____ NAME OF SUPERVISOR: _____

REASON FOR LEAVING: _____

IF REQUIRED, PLEASE ATTACH SEPARATE SHEET

OUTSIDE INTERESTS

COMMUNITY / VOLUNTEER WORK, CLUBS, SPORTS, HOBBIES ETC.

HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENCE FOR WHICH A PARDON HAS NOT BEEN GRANTED?

YES NO

IF YES, GIVE DETAILS: _____

REFERENCES

WORK REFERENCE

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

PERSONAL REFERENCE

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

SCHOOL REFERENCE

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

NAME: _____
POSITION: _____
RELATIONSHIP: _____
TELEPHONE NO.: _____
ADDRESS: _____

DECLARATION

I certify that the statements made by me in this application are true and complete to the best of my knowledge and belief and are made in good faith. I understand that if any of these statements are untrue, this application may be rejected or any appointment to a position to be nullified.

_____ Date

_____ Signature of applicant



GREATER SUDBURY POLICE SERVICE PERSONAL INFORMATION RELEASE

Surname (Please print)				First Name and Initials				Maiden Name if Applicable											
Street Address				Apt. No.		City		Province											
Postal Code				Telephone - Home				Telephone - Work											
Date of Birth				Gender		Drivers Licence Number													
				Y															
				M <input type="checkbox"/>		F <input type="checkbox"/>													

I _____ authorize the Greater Sudbury Police Service to collect personal information concerning myself including police history and police contact information from sources other than myself. This information is to be used for the purpose of assessing my suitability for placement with the Greater Sudbury Police Service. I further authorize the release of this information to the Greater Sudbury Police Service by the person(s) or organization(s) who possess it.

Signature of Applicant

Member Requesting Security Clearance				Empl. Number		Date			
Purpose for Security Clearance				Date Required For					
Supervisor's Signature				Date					

FOR OFFICE USE ONLY		
CHECKS		
	Negative or Attached	Name & Empl. #
CPIC		
CNI		
OMPPAC		
ARCHIVED		
MTO		
DATE COMPLETED:		

The personal information listed above is being collected under the authority of the Police Services and the



Municipal Freedom of Information and Protection of Privacy Act.