

# VECTOR APPLICATION FORM

The Vancouver Emergency Community Telecommunications Organization

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: M  F   
(YYYY-MM-DD)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Post Code: \_\_\_\_\_

Drivers Lic # \_\_\_\_\_ Prov. \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cel: \_\_\_\_\_ Pager: \_\_\_\_\_

Call Sign(s): \_\_\_\_\_

First Time Registration Fee \$5.00  Enclosed  Licensed Amateur  
Annual renewal \$5.00  Enclosed  Unlicensed Communications Volunteer  
Donation \$\_\_\_\_\_  Enclosed

License Class  Basic  Advanced  Morse Code

The sensitive nature of E-Comm and police operations and the possibility that you may work with children in emergency situations requires a police records check.

I hereby authorize the Vancouver Police Department to conduct a confidential criminal records check.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date YYYY-MM-DD)

## As a condition of VECTOR membership, you are required:

1. To be free of criminal convictions that could compromise security requirements;
2. To read, sign and agree to be bound by a non-disclosure agreement. This agreement ensures that privileged information about persons and systems with which you may come into contact remains confidential;
3. To complete an orientation of the VECTOR facilities and equipment at E-Comm;
4. To attend a mini-course on Emergency Operations Centre procedures.

Please make cheques payable to VECTOR.

Application mailing address:

VECTOR  
c/o E-Comm  
3301 East Pender Street,  
Vancouver, BC V5K 5J3

[vector@city.vancouver.bc.ca](mailto:vector@city.vancouver.bc.ca)

Police use only			
Date of check:		Approved: Y <input type="checkbox"/> N <input type="checkbox"/>	Letter: