



CITIZENS' POLICE ACADEMY APPLICATION

<input type="checkbox"/> Police Applicant	<input type="checkbox"/> RPS Family Member	<input type="checkbox"/> New to Canada	<input type="checkbox"/> Member of Citizen on Patrol Program
---	--	--	--

Surname:	Given 1:	Given 2:	Maiden Name:
Address (Number, Street, City, Province, Postal Code):			Residence Phone No.:
Email address:		Cell Phone No.:	Business Phone No.:
Your Occupation: Employer:	<input type="checkbox"/> Male <input type="checkbox"/> Female		Applicant's Date of Birth:
List Name & Date of Birth of Other Adults at this address:			
Education:			
Briefly explain why you would like to join the Citizens' Police Academy:			
How did you learn about this program?			

NOTE: Applicants should be aware that background screening will be done.

Date of Application: _____

Applicant's Signature: _____

Date Received: _____

Coordinator's Signature: _____