



Regina Police Service

CITIZENS' POLICE ACADEMY APPLICATION

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|---|---|----------|--------------------------------|
| Surname: | Given 1: | Given 2: | Maiden Name: |
| Address (Number, Street, City, Province, Postal Code): | | | Residence Phone No.: () |
| Other Adults at this address: Name & DOB: | | | Business Phone No.: () |
| Your Occupation: | <input type="checkbox"/> Male <input type="checkbox"/> Female | | Applicant's Date of Birth: |
| Education: | | | |
| Briefly explain why you would like to join the Citizens' Police Academy: | | | |
| <input type="checkbox"/> Police Applicant <input type="checkbox"/> Member of Citizen on Patrol Program <input type="checkbox"/> RPS Family Member | | | |

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

Date of Application: _____

Applicant's Signature: _____

Date Received: _____

Coordinator's Signature: _____