



R(2011-11)

PREFERRED CLASS ☒ SPRING ☐ JULY ☐ AUGUST

APPLICANT'S FULL NAME	DATE OF BIRTH	AGE	GENDER <input type="radio"/> Male <input type="radio"/> Female
ALLERGIES OR MEDICAL CONDITIONS			

PARENT/GUARDIAN NAME (FIRST & LAST)			
Address	City	Province	Postal Code
Home Telephone No.	Work Telephone No.	Cellular Telephone No.	Email Address

Parent/Guardian Signature _____ Date _____

Email: youthmentorship@calgarypolice.ca, or Fax: 403-428-8393