

## JUNIOR POLICE ACADEMY **APPLICATION FORM**

R(2011-11)

R(2011-11) PREFERRED CLASS SPRING JULY AUGUST			
A. APPLICANT INFORMATION			
APPLICANT'S FULL NAME	DATE OF BIRTH	AGE	<b>GENDER</b> ○ Male ○ Female
ALLERGIES OR MEDICAL CONDITIONS			
B. PARENT / GUARDIAN INFORMATION			
PARENT/GUARDIAN NAME (FIRST & LAST)			
Address	City	Province	Postal Code
Home Telephone No. Work Telephone No.	Cellular Telephone No.	Email Address	
C. APPLICANT'S ESSAY (Why do you want to p	articipate?) 250 word m	aximum.	
Personal information on this form is being collected under t determine eligibility and suitability for the Junior Police Aca of this information should be directed to the Sergeant, Yout	demy and to administer partici	pation in that program, if accepted	. Questions about the use or collection
Parent/Guardian Signature		Date	

Print, sign and forward to: