

BRANTFORD POLICE SERVICE

CITIZENS POLICE ACADEMY

APPLICATION FORM

Please PRINT or T YPE - Application forms must be filled out completely and legibly or application will not be processed. Preference is given to applicants who reside or own a business in the City of Brantford. Minimum age is 18 years.

| | | PE | ERSONAL IN | NFORMATION | |
|---------------------------------|-----------------------|---|---|--|--|
| Surname: | | | | | |
| First Name: | | | | Middle Name: | |
| Gender: | Male | Female | Dat | e of Birth:(dd/mm/yy) | |
| Address: | | | | E-Mail: | |
| City: | | Province | : | Postal Code: | |
| Telephone N | Number: | Home: () | | Business: () | |
| Occupation: | | | | | |
| Why do you | wish to | participate in the Ci | tizens Police Ac | ademy? | |
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| | | | | | |
| | | | | | |
| How did yo | u hear ab | out the Citizens Pol | ice Academy? | | |
| | | | | | |
| PLEASE REA | d Care | FULLY BEFO RE SI | GNING: | | |
| authorize the Information is | Brantford to be us | d Police Service to o ed for enrolment (so | collect personal creening) purpos | conducting security checks (CPIC) on all applicants. I information concerning myself. I acknowledge this es only. Your drivers licence or another form of photo with your application. | |
| false statemer | nt can dis | | ticipation in the | complete to the best of my knowledge. I understand that a Citizens Police Academy. I promise if I am selected, that I ecome aware of. | |
| | | | | rice is not responsible for any accident or injury that occurs to e Brantford Police Service. | |
| The Brantford | l Police S | Service reserves the | right to sole disc | cretion in the selection of applicants. | |
| Dated this | day | / of | 20 | Signature: | |
| Please mail to: | | Citizer 344 El PO Bo | Ford Police Service ns Police Academy gin Street ox 1116, Brantford 519) 756-4272 | | |
| | | Nick Lawson at nlaw | son@police.brant | ford.on.ca | |