

COMMUNITY POLICE AND FIRE ACADEMY SASKATOON AGE-FRIENDLY ENGAGEMENT



SURNAME:	FIRST NAME:	MIDDLE NAME:	MAIDEN NAME:
ADDRESS:			
CITY:	PROVINCE:	POSTAL CODE:	
DATE OF BIRTH: (YEAR / MONTH / DAY)		GENDER Male <input type="checkbox"/> Female <input type="checkbox"/>	
IF AT ABOVE ADDRESS FOR LESS THAN FIVE (5) YEARS, LIST PREVIOUS ADDRESS(ES):		SPECIAL NEEDS: (i.e. Interpreter, wheelchair access, etc.)	
HOME PHONE:		CELL PHONE:	
EMAIL ADDRESS:			
DRIVER'S LICENCE #:		SASKATCHEWAN HEALTH CARD #:	
ARE YOU ABLE TO ATTEND ALL SESSIONS? <input type="checkbox"/> Yes <input type="checkbox"/> No			
CURRENT COMMUNITY INVOLVEMENT AND/OR VOLUNTEER GROUPS:			
PLEASE EXPLAIN WHY YOU WOULD LIKE TO ATTEND THE COMMUNITY POLICE AND FIRE ACADEMY (if necessary, use the back of this sheet or attach another page.)			
PLEASE EXPLAIN HOW YOU WOULD SHARE THE KNOWLEDGE YOU GAIN THROUGH THIS PROGRAM WITH OUR COMMUNITY (if necessary, use the back of this sheet or attach another page.)			

I hereby authorize the Saskatoon Police Service to conduct a Criminal Occurrence Security Check and make such investigation of their records or such other investigation as may be deemed appropriate and on the basis of such an investigation, to indicate the approval or rejection of this application. All successful applicants will be required to sign a Release and Waiver document.

DATE: _____ SIGNATURE OF APPLICANT: _____

ALL APPLICANTS WILL BE SCREENED PRIOR TO ACCEPTANCE. ONLY THOSE APPLICANTS WHO ARE SUCCESSFUL WILL BE CONTACTED.

RETURN APPLICATION TO:

SASKATOON POLICE SERVICE
COMMUNITY LIAISON OFFICER
P.O. BOX 1728
SASKATOON SK S7K 3R6

SASKATOON POLICE SERVICE USE ONLY:

DATE RECEIVED: _____

APPROVED: YES NO

DATE: _____ BADGE #: _____

The personal information provided on this form is collected in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act*, and will only be used to the purpose of this program.