



STRATFORD POLICE SERVICE CITIZENS POLICE ACADEMY APPLICATION FORM

ALL APPLICATIONS MUST BE ACCOMPANIED BY **PHOTO IDENTIFICATION** AND RETURNED TO THE STRATFORD POLICE SERVICE NO LATER THAN MARCH 11, 2016.

PERSONAL INFORMATION – Please print legibly

Surname:

Given:

Middle

Gender: Male Female

Date of Birth:(dd/mm/yy)

Address:

City:

Province:

Phone :

Email Address:

Occupation:

Have you ever been charged with a criminal offence? Yes _____ No _____
Please explain briefly: (note: past criminal record alone does not prohibit a person from participating)

How did you hear about the Stratford Police Service Citizens Police Academy?

Why do you wish to participate in this program?

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PLEASE ANSWER THE FOLLOWING QUESTIONS

- **MANDATORY ATTENDANCE** - ARE YOU WILLING AND ABLE TO COMMIT TO THIS PROGRAM AND ATTEND CLASSES ONCE A WEEK FOR A 10 WEEK PERIOD? (WEDNESDAY EVENINGS) Yes _____ No _____
- **PROOF OF IDENTITY** - ATTACHED IS A PHOTOGRAPH OF PHOTO IDENTIFICATION Yes _____ No _____

PLEASE READ CAREFULLY BEFORE SIGNING:

AS AN APPLICANT FOR THE STRATFORD POLICE SERVICE CITIZENS POLICE ACADEMY, I HEREBY AUTHORIZE THE STRATFORD POLICE SERVICE TO CONDUCT A CRIMINAL HISTORY BACKGROUND INVESTIGATION. I UNDERSTAND THAT THIS CRIMINAL HISTORY CHECK IS BEING CONDUCTED DUE TO THE NATURE OF THE CLASSES GIVEN AT THE ACADEMY.

I UNDERSTAND THAT ALL THE POLICE AND CRIMINAL RECORDS WILL BE CHECKED AND THAT THE INFORMATION WILL BE USED IN DETERMINING ELIGIBILITY OF APPLICANTS FOR THE ACADEMY. I UNDERSTAND THAT MY ACCEPTANCE IN THE ACADEMY WILL BE AT THE SOLE DISCRETION OF THE STRATFORD POLICE SERVICE.

I UNDERSTAND THAT THE OBJECTIVE OF THIS PROGRAM IS NOT TO PREPARE OR TRAIN GRADUATES TO BECOME POLICE OFFICERS, BUT INSTEAD, TO INSTIL IN CITIZENS A GREATER GENERAL KNOWLEDGE OF THE MANY FUNCTIONS OF THE STRATFORD POLICE SERVICE.

I UNDERSTAND THAT ONLY SUCCESSFUL CANDIDATES WILL BE NOTIFIED

DATE: _____ / _____ / _____

SIGNATURE: _____

**COMPLETED APPLICATIONS MUST BE RETURNED TO THE STRATFORD POLICE
SERVICE HEADQUARTERS AT 17 GEORGE ST WEST
FOR MORE INFORMATION REGARDING THE PROGRAM FEEL FREE TO CONTACT:
INSPECTOR GERRY FOSTER (519) 271-4147 EXT 142**

POLICE USE ONLY

RECORD CHECK: CPIC _____ RMS _____ PARIS _____ OTHER _____

COMMENTS: _____

Completed by: _____

Date: _____