

Junior Police Academy Application Form

A. Applicant information Have you participated be		Choose your preferred class (one only):	s Spring	July	August
Yes No Applicant first name	Applicant las	t name	Date of birt (Year-Month-[Gender
Allergies or medical cond	litions				
B. Parent/guardian information					
Parent/guardian first name Parent/guardian last name					
Address		City	Prov	ince	Postal code
Home phone	Parent/guardic	an cellphone	Parent/gua	rdian email	

C. Applicant's essay: Why do you want to participate? You can also include how it would impact you and any community involvement, extracurricular activities, volunteering, or other relevant details. 250 word minimum.

Personal information on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act, s. 33(c). It will be used to determine eligibility and suitability for the Junior Police Academy and to administer participation in that program, if accepted. Questions about the use or collection of this information should be directed to the Sergeant, Youth Mentorship, Community and Youth Services Section, Calgary Police Service, 403-428-5836.

Parent / guardian signature

Date

Submit your completed form through one of the following methods: Email: youthmentorship@calgarypolice.ca Mail: Calgary Police Service, 5111 47 Street N.E., Calgary, AB, T3J 3R2