

# Moose Jaw Police Service

## Community Police Academy Application Form



Name: \_\_\_\_\_  
*Surname* *First* *Middle*

Maiden Name: \_\_\_\_\_ Male  Female  DOB: \_\_\_\_\_  
*year / month / day*

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Closest Friends:

1) \_\_\_\_\_ Phone: \_\_\_\_\_

2) \_\_\_\_\_ Phone: \_\_\_\_\_

3) \_\_\_\_\_ Phone: \_\_\_\_\_

Briefly explain why you would like to participate in the program: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I hereby authorize the Moose Jaw Police Service to utilize their records or any other such investigation as deemed appropriate in order to determine my suitability for participation in the Community Police Academy. If accepted, I agree to be punctual and attend every week.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this application form to the Community Services Unit at the Moose Jaw Police Service:  
21 Fairford St. West, Moose Jaw, Saskatchewan, S6H 1V2. Only successful applicants will be notified.

### ***Office Use Only***

Coordinator: \_\_\_\_\_ Approved  Not Approved

Comments: \_\_\_\_\_