



**New Westminster
Police Department**



NEW WESTMINSTER POLICE DEPARTMENT

STUDENT POLICE ACADEMY APPLICATION PACKAGE



New Westminster Police Department

APPLICATION

LAST NAME: _____ FIRST NAME: _____

GENDER: _____

SEX: _____

BIRTHDATE: Y: _____ M: _____ D: _____ AGE: _____

FULL MAILING ADDRESS:

PHONE: _____ DL: _____

EMAIL: _____

PARENT/GUARDIAN NAME: _____

CONTACT NUMBER FOR PARENT/GUARDIAN: _____

EMERGENCY CONTACT

PERSON: _____

EMERGENCY CONTACT PHONE # _____

CARE CARD#: _____



New Westminster Police Department

SCHOOL ATTENDING: _____

GRADE: _____

ALLERGIES/MEDICATIONS: _____

ILLNESS/INJUIRES: _____

HOBBIES/INTERESTS: _____

DOCTORS NAME: _____

PHONE#: _____



New Westminster Police Department

PARENT/GUARDIAN PERMISSION AND LIABILITY WAIVER

I understand as the Parent/Guardian of the person named below as Student, hereby given permission for said Student to participate in the New Westminster Police Student Police Academy program. I understand that said Student will be involved in a variety of activities including but not limited to firearms and Use of Force training. I understand that said Student will be required to provide his/her own transportation to all training locations. I further acknowledge that some physical activities will be involved and state that said Student is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is recommended but not required to ensure said Student will be capable of participating in physical activities.

Further, the undersigned agrees to assume all risks of participating in the New Westminster Police Student Police Academy, and does hereby remise and forever discharge the New Westminster Police Department, its servants and agents from any and all manner of actions, debts, claims and demands, that said undersigned may have by reason of any manner arising out of the said activities organized by the New Westminster Police Department during the New Westminster Police Student Police academy session.

Further, the undersigned agrees to allow the New Westminster Police Department to use any photographs or video images or them taken during the Student Police academy for the promotion of the program.



New Westminster Police Department

In witness whereof, I have set my hands this date:

Year: _____ Month: _____ Day: _____

at (City) _____.

GUARDIAN SIGNATURE

STUDENT SIGNATURE

GUARDIAN NAME

STUDENT NAME

**PLEASE NOTE: IF YOU ARE UNDER 19 YEARS OF AGE YOU MUST
HAVE YOUR PARENTS FILL OUT AND SIGN THIS WAIVER.**



New Westminster Police Department

NWPD CRIMINAL RECORD CHECK

Because of the confidential nature of police work, you are required to undergo a **SECURITY SCREENING**. This screening is conducted on the basis of the information you have provided in your application form.

Any incorrect or incomplete information will result in rejection of your application for participation in this program.

Full Name of Applicant: _____

Address: _____

D.O.B: _____

Postal Code: _____ Phone #: _____

I, _____ understand that I am applying for the **NEW WESTMINSTER POLICE DEPARTMENT STUDENT POLICE ACADEMY** and that I am required by the New Westminster Police Department to disclose whether or not I have been charged or convicted of any offence.

I, _____ understand that disclosure of a criminal record may not hinder me from being successful as an applicant for the **NEW WESTMINSTER POLICE STUDENT POLICE ACADEMY**. I _____ also understand that should the **NEW WESTMINSTER POLICE** decide to terminate my application based upon any disclosed conviction or pending charges that I will have the opportunity to see and discuss that criminal record.



New Westminster Police Department

I _____ therefore authorize the New Westminster Police Department to inquire and determine whether I have a criminal record and obtain a complete disclosure of any criminal record they may find or uncover.

Signature of Student

Signature of Parent/Guardian