

# STUDENT POLICE ACADEMY APPLICATION

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LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ Gender: F / M

BIRTHDATE: Y: \_\_\_\_ M: \_\_\_\_ D: \_\_\_\_ AGE: \_\_\_\_

FULL MAIL ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_ DRIVER'S LICENSE#: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_ (Other than parent)

CARE CARD#: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CONTACT NUMBER FOR PARENT/GUARDIAN: \_\_\_\_\_

DO YOU HAVE ANY MEDICAL CONDITIONS? \_\_\_\_\_

\_\_\_\_\_  
DOCTORS NAME: \_\_\_\_\_ PHONE#: \_\_\_\_\_

BY SUBMITTING THIS APPLICATION FORM I CONSENT TO A CRIMINAL RECORD CHECK. **You**

**will need to attach the following items to this application, which is due May 1, 2017:**

1. Resume (**one page** resume of your education, work experience and interests)
2. Record of your most current school marks
3. One letter of reference
4. Completed parental permission and waiver form
5. Attach a 500 – 800 word essay answering all the following questions:
  - What are your future schooling and career goals?
  - What would you like to learn from the Student Police Academy?
  - Why should **YOU** be chosen for the Student Police Academy?
  - Tells us in a paragraph what you know about the New Westminster Police Department.
6. \$50.00 cheque made out to the New Westminster Police Department

## PARENT/GUARDIAN PERMISSION AND LIABILITY WAIVER

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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. I understand that said Student will be required to provide his/her own transportation to the Justice Institute of BC. 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.

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

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_, at (City) \_\_\_\_\_.

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE