

STUDENT POLICE ACADEMY APPLICATION

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#: _____

You will need to attach the following items to this application:

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. Completed consent for criminal record search form
6. 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.
7. \$50.00 cheque made out to the New Westminster Police Department