

# 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:**

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