COMMUNITY POLICE AND FIRE ACADEMY

SASKATOON AGE-FRIENDLY ENGAGEMENT







		i Aging i		
SURNAME:	FIRST NAME:		MIDDLE NAME:	MAIDEN NAME:
ADDRESS:	JL			H
CITY:		PROVINCE:		POSTAL CODE:
DATE OF BIRTH: (YEAR / MONTH / DAY)		GENDER Male 🗌 Female 🗌 X		
IF AT ABOVE ADDRESS FOR LESS THAN FIVE (5) YEARS, LIST PREVIOUS ADDRESS(ES):			SPECIAL NEEDS: (i.e. In	terpreter, wheelchair access, etc.)
HOME PHONE:			CELL PHONE:	
EMAIL ADDRESS:				
DRIVER'S LICENCE #:			SASKATCHEWAN HEA	LTH CARD #:
ARE YOU ABLE TO ATTEND ALL SESSIONS? Yes No				
CURRENT COMMUNITY INVOLVEMENT AND/OR VOLUNTEER GROUPS:				
PLEASE EXPLAIN WHY YOU WOULD LIKE TO ATTEND THE COMMUNITY POLICE AND FIRE ACADEMY (if necessary, use the back of this sheet or attach another page.)				
PLEASE EXPLAIN HOW YOU WOU OUR COMMUNITY (if necessary, use				GH THIS PROGRAM WITH
I hereby authorize the Saskatoon Police Service to conduct a Criminal Occurrence Security Check and make such investigation				

I hereby authorize the Saskatoon Police Service to conduct a Criminal Occurrence Security Check and make such investigation of their records or such other investigation as may be deemed appropriate and on the basis of such an investigation, to indicate the approval or rejection of this application. All successful applicants will be required to sign a Release and Waiver document.

DATE:

SIGNATURE OF APPLICANT:

ALL APPLICANTS WILL BE SCREENED PRIOR TO ACCEPTANCE. ONLY THOSE APPLICANTS WHO ARE SUCCESSFUL WILL BE CONTACTED.

RETURN APPLICATION TO:	SASKATOON POLICE SERVICE USE ONLY:
SASKATOON POLICE SERVICE COMMUNITY LIAISON OFFICER P.O. BOX 1728 SASKATOON SK S7K 3R6	DATE RECEIVED:
SASKATOON POLICE SERVICE (306) 975-8032 SASKATOON FIRE DEPARTMENT (306) 975-2520	APPROVED: YES NO DATE: BADGE #:

The personal information provided on this form is collected in accordance with *The Local Authority Freedom of Information and Protection of Privacy Act*, and will only be used to the purpose of this program.