



SASKATOON POLICE SERVICE

INTERPRETER TRAINING PROGRAM APPLICATION

Surname: _____ First Name: _____ Middle Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth (Year/Month/Day): _____ Gender: Male Female

Employer: _____ Employer's Address: _____

Position: _____

Duties: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Please list the languages you are able to speak, read and write: _____

Are you willing to commit 50 hours time (mainly weekends and evenings) to participate in the training? Yes No

Certificates will be presented to all successful participants.

Can you legally work in Canada? Yes No

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.

Date: _____ Signature of Applicant _____

Return Application to:

cultural.resources@police.saskatoon.sk.ca

Cultural Resource Unit
Saskatoon Police Service
Box 1728
Saskatoon, SK S7K 3R6