



# MEDICINE HAT POLICE SERVICE

## CITIZENS' POLICE ACADEMY

### APPLICATION FORM

#### INSTRUCTIONS FOR SUBMISSION OF APPLICATION

|                      |  |
|----------------------|--|
| <b>Applicant</b>     | <ol style="list-style-type: none"> <li>1. Complete <b>accurately</b> and <b>legibly</b> - incomplete applications cannot be processed.</li> <li>2. Return to the Medicine Hat Police Service by dropping it off at the police station or by email to Michael.fischer@mhps.ca</li> <li>3. Successful applicants will be required to complete a Background Security Check.</li> <li>4. Only those applicants selected to attend the Citizen's Police Academy will be contacted.</li> </ol> |
| <b>MHPS Contact:</b> | For more information contact Sgt. Michael Fischer Ph: 403-529-8451 or email Michael.fischer@mhps.ca  |

|  |                            |       |
|--|----------------------------|-------|
| Last Name:   | First Name:                | Date: |
| Address:   |                            |       |
| Home Phone Number:   | Cell or Work Phone Number: |       |
| Birth Date (Year/Month/Day):   | Email Address:             |       |
| <p>Are you a member of an organization, society or program that works alongside or in partnership with the Medicine Hat Police Service? If yes, which organization and in what capacity?</p> |                            |       |
| <p>Purpose for Applying to Citizens Police Academy:</p>  |                            |       |
| <p>How did you learn about this program?</p>   |                            |       |

#### POLICE USE ONLY

|                         |  |        |
|-------------------------|--|--------|
| Received on:            | Received Background Security Check on: | Notes: |
| Applicant Contacted on: | Contacted By:                          |        |

The personal information on this form is collected, used and disclosed for the purposes outlined in Sections 33 to 43 of the *Freedom of Information and Protection of Privacy (FOIPP) Act* and for other legal requirements where they are consistent with the *FOIPP Act*. If you have any questions regarding the collection of information, contact the Medicine Hat Police Service FOIPP Coordinator, 884 2<sup>nd</sup> St SE, Medicine Hat, AB, T1A 8H2