



Moose Jaw Police Service
Community Police Academy Application

NAME OF APPLICANT:	<hr style="border: 0; border-top: 1px solid black;"/>		
	<i>Surname</i>	<i>Legal Given Name</i>	<i>All Middle Names(No Initials)</i>
MAIDEN NAME and/or any other names used:		Male <input type="checkbox"/> Female <input type="checkbox"/>	
DATE OF BIRTH:		PLACE OF BIRTH: City, Province/State, Country	
_____ <i>Year</i> _____ <i>Month</i> _____ <i>Day</i>			
ADDRESS:			
<hr style="border: 0; border-top: 1px solid black;"/>			
<i>apt/house #</i>	<i>Street/Avenue</i>	<i>City</i>	<i>Province/Postal Code</i>
TELEPHONE NUMBER #1:		TELEPHONE NUMBER #2:	
PLEASE EXPLAIN WHY YOU WOULD LIKE TO ATTEND THE MOOSE JAW POLICE SERVICE COMMUNITY POLICE ACADEMY. (If necessary, use the back of this sheet or attach another page.)			

I hereby authorize the Moose Jaw 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.

**RETURN APPLICATION TO:
MOOSE JAW POLICE SERVICE
COMMUNITY PROGRAMS**

For further information, contact Cpl. Kevin Pilsworth
KPilsworth@mjpolice.ca or (306)631-9121

DATE: _____ **SIGNATURE OF APPLICANT:** _____

Date Received: _____ Accepted: **Y** or **N** Officer Initial and Badge # _____