



COBOURG POLICE SERVICE

CITIZEN POLICE ACADEMY

Community Professionalism Service

REGISTRATION FORM (MUST BE 18 YEARS OF AGE OR OLDER)

Please PRINT or TYPE. Registration forms must be filled out completely and legibly or application will not be processed.
Preference given to applicants who reside or own a business in the Town of Cobourg.

PERSONAL INFORMATION:

SURNAME:		MAIDEN NAME:	
FIRST NAME:		MIDDLE NAME(S):	
GENDER: <input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE		DATE OF BIRTH (YYYY/MM/DD):	
ADDRESS:			
CITY/TOWN:		PROVINCE:	POSTAL CODE:
TELEPHONE NUMBER (HOME):		TELEPHONE NUMBER (CELL):	TELEPHONE (BUSINESS):
EMAIL (Mandatory):		OCCUPATION:	
WHY DO YOU WISH TO PARTICIPATE IN THE CITIZEN POLICE ACADEMY?			
PREVIOUS CITIZEN POLICE ACADEMY PARTICIPANT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE:			
HOW DID YOU HEAR ABOUT THE CITIZEN ACADEMY?			
ARE YOU A MEMBER OF AN ORGANIZATION, SOCIETY OR PROGRAM THAT WORKS ALONGSIDE OR IN PARTNERSHIP WITH THE COBOURG POLICE SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHICH ORGANIZATION AND IN WHAT CAPACITY:			

PLEASE READ CAREFULLY BEFORE SIGNING:

- ➔ Due to the nature of the course curriculum, police will be conducting security checks on all participants. I authorize the Cobourg Police Service to collect personal information concerning myself. I acknowledge this information is to be used solely for purposes of this application and will be treated as private and confidential.
- ➔ I acknowledge that the Cobourg Police Service reserves the right to select applicants at its sole discretion.
- ➔ I hereby give Cobourg Police Service and any person or agency designated by Cobourg Police Service the irrevocable right to use any photographs for reproduction in any medium including but not limited to print and electronic (e.g.: internet) for purposes of advertising, display, exhibition or editorial use.
- ➔ I HEREBY RELEASE, WAIVE, AND FOREVER DISCHARGE the Cobourg Police Service, and all their respective agents, officials, Board Members, officers, and employees from any and all claims, demands, damages, costs, expenses, actions, and causes of action, whether in law or equity, in respect of death, injury, loss or damage to any person or property, arising or likely to arise directly or indirectly from the acts or omissions of the Police in relation to my participation in the Citizen Police Academy, and in particular any participation in the use of force or firearms demonstrations.
- ➔ I hereby declare that the foregoing information is true and complete to the best of my knowledge. I understand that a false statement can disqualify me from participation in the Citizen Police Academy. If I am selected, I will not disclose any confidential information that I may be privy.

Dated this day of 2015.

X

Applicant's Signature

Please mail, email or fax to:
Cobourg Police Service, Citizen Police Academy, 107 King Street West, Cobourg, ON, K9A 2M4
Fax: 905-372-8325 Email: cobourgpolic@cobourgpolic.com