

This form is not submittable online. Save a copy and send via email (hrpvolunteers@halifax.ca), or print a copy and forward via fax (902-490-6363) or mail (1975 Gottingen Street, Halifax, NS B3J 2H1).

Halifax Regional Police Youth Program Application

(For youth between ages 14 (*before December 31st*) & 18)



Full Name: _____ Are you between the ages 14 (by Dec 31) and 18?
Yes No

Address: _____

City/Town: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Parent /Guardians Name(s) and Contact Number(s): _____

Education/Training

School: _____ Grade: _____

Please list any other training you have: _____

Employment

Do you have a part-time job? Yes No

If yes, where? _____

What do you do? _____ How many hours do you work a week? _____

Other Activities

Please list your extra-curricular activities or volunteer work: _____
