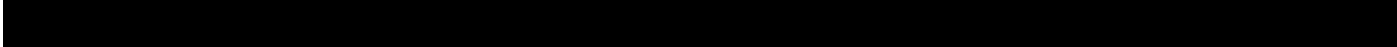


This form is not submittable online. Save a copy and send via email (hrpvolunteers@halifax.ca), or print a copy and forward via fax (902-490-6363) or mail (Delthia Miller, CRCP, 1975 Gottingen Street, Halifax, NS B3J 2H1).

Halifax Regional Police Youth Program Application



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



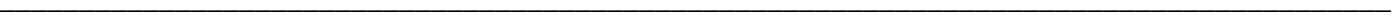
Full Name: _____ Are you between the ages 14 (by Dec 31) and 18?
Yes No

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: _____



References: Please list two references who are **not** family members.

Name	Occupation	How do you know this person?	Phone #

Aspiration: Please explain why you would like to take part in the Halifax Regional Police Youth Program and how it would benefit you and the community.

Declaration:

- I hereby give permission to the Halifax Regional Police to access confidential information from previous employers, schools attended, named personal references and security checks as deemed necessary.
- I certify that the statements made by me in this application are true and complete to the best of my knowledge. I understand that if any statements are found to be untrue or misleading my application may be rejected.
- I also understand that if accepted by the Halifax Regional Police Youth Program my failure to maintain established standards of conduct and participation will give cause for my termination from the program.

Applicant's Signature: _____ Date: _____

Parent's / Guardian's

The Halifax Regional Police Youth Program involves physical and mental challenges that require youth to have the ability to use sound judgment, understand direction, work independently, be a team player and accept supervision. By signing this form, you are acknowledging your permission for your child to apply to the Youth Program.

Parent's/Guardian's Signature: _____ Date: _____