

CHATHAM-KENT POLICE SERVICE CITIZENS POLICE ACADEMY APPLICATION FORM



PLEASE ANSWER THE FOLLOWING QUESTIONS

- **MANDATORY ATTENDANCE** - ARE YOU WILLING AND ABLE TO COMMIT TO THIS PROGRAM AND ATTEND CLASSES ONCE A WEEK FOR A 12 WEEK PERIOD? (WEDNESDAY EVENINGS) Yes _____ No _____
- **PROOF OF IDENTITY** - ATTACHED IS A PHOTOGRAPH OF PHOTO IDENTIFICATION Yes _____ No _____

PLEASE READ CAREFULLY BEFORE SIGNING:

AS AN APPLICANT FOR THE CHATHAM-KENT POLICE SERVICE CITIZENS POLICE ACADEMY, I HEREBY AUTHORIZE THE CHATHAM-KENT POLICE SERVICE TO CONDUCT A CRIMINAL HISTORY BACKGROUND INVESTIGATION. I UNDERSTAND THAT THIS CRIMINAL HISTORY CHECK IS BEING CONDUCTED DUE TO THE NATURE OF THE CLASSES GIVEN AT THE ACADEMY.

I UNDERSTAND THAT ALL THE POLICE AND CRIMINAL RECORDS WILL BE CHECKED AND THAT THE INFORMATION WILL BE USED IN DETERMINING ELIGIBILITY OF APPLICANTS FOR THE ACADEMY. I UNDERSTAND THAT MY ACCEPTANCE IN THE ACADEMY WILL BE AT THE SOLE DISCRETION OF THE CHATHAM-KENT POLICE SERVICE.

I UNDERSTAND THAT THE OBJECTIVE OF THIS PROGRAM IS NOT TO PREPARE OR TRAIN GRADUATES TO BECOME POLICE OFFICERS, BUT INSTEAD, TO INSTIL IN CITIZENS A GREATER GENERAL KNOWLEDGE OF THE MANY FUNCTIONS OF THE CHATHAM-KENT POLICE SERVICE.

I UNDERSTAND THAT ONLY SUCCESSFUL CANDIDATES WILL BE NOTIFIED

DATE: _____/_____/_____

SIGNATURE: _____

PLEASE DROP APPLICATIONS OFF AT ANY CHATHAM-KENT POLICE SERVICE CENTRE OR HEADQUARTERS. THOSE INTERESTED CAN ALSO PRINT OFF AND EMAIL THE APPLICATIONS TO CONSTABLE LAUZON - KENLA@CHATHAM-KENT.CA

FOR MORE INFORMATION REGARDING THE PROGRAM FEEL FREE TO CONTACT:
SHAWN MUNGAR #436-6600 EXT. #288 OR KEN LAUZON #436-6623

POLICE USE ONLY

RECORD CHECK: CPIC _____ RMS _____ PARIS _____ OTHER _____

COMMENTS: _____

Completed by:

Date: