



**OPP West Region  
2019 Citizens Police Academy  
Application Form**

Application forms must be filled out completely and legibly or application will not be processed. Preference is given to applicants who reside or own a business in Elgin and Middlesex Counties.

**NOTE: Please attach a scanned copy of Driver's License or Photo ID. (FRONT AND BACK REQUIRED)**

| <b>PERSONAL INFORMATION</b>                                    |                          |                     |  |
|--|--------------------------|---------------------|--|
| Surname:   | Maiden Name:             |                     |  |
| First Name :   | Middle Name:             |                     |  |
| Gender:    Male            Female                              | Date of Birth:(YY/MM/DD) |                     |  |
| Address:   |                          |                     |  |
| City:  | Province:                | Postal Code:        |  |
| Telephone Number:    Home: (    )                              |                          | Business:    (    ) |  |
| Occupation:  |                          |                     |  |
| Why do you wish to participate in the Citizens Police Academy? |                          |                     |  |
|  |                          |                     |  |
|  |                          |                     |  |
| How did you hear about the Citizens Police Academy?            |                          |                     |  |
|  |                          |                     |  |

**PLEASE READ CAREFULLY BEFORE SIGNING:**

|   |  |
|---|--|
| π | Due to the nature of the course curriculum police will be conducting security checks on all applicants. I authorize the OPP to collect personal information concerning myself. I acknowledge this information is to be used for enrollment (screening) purposes only. Your driver's license or another form of photo identification will be required and needs to be attached to this application. |
| π | 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 Citizens Police Academy. I promise if I am selected, that I will not disclose any confidential information that I may become aware of.   |
| π | I understand that if I am selected, OPP West Region is not responsible for any accident or injury that occurs to me or my property, unless caused by the negligence of OPP West Region.  |
| π | OPP West Region reserves the right to sole discretion in the selection of applicants.  |

