



DURHAM REGIONAL POLICE SERVICE

CITIZENS POLICE ACADEMY

"leaders in community safety"

REGISTRATION FORM

Please PRINT or TYPE - Registration forms must be filled out completely and legibly or application will not be processed. Applicants must be 18 years of age or older. Preference given to applicants who reside or own a business in the Region of Durham.

PERSONAL INFORMATION		
Surname:		
Given Name :	Middle Name:	
Date of Birth:(dd/mm/yy)		
Address:		
City:	Province:	Postal Code:
Telephone Number: Home: ()	Business: ()	
E-mail:		
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:

- * Due to the nature of the course curriculum police will be conducting security checks on all applicants. I authorize the Durham Regional Police Service to collect personal information concerning myself, including without limitation, a criminal record background check. I acknowledge this information is to be used for enrolment purposes only.
- * 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.
- * I understand that if I am selected, the Durham Regional Police Service is not responsible for any accident or injury that occurs to me or my property, unless caused by the negligence of the Durham Regional Police Service. I hereby waive any claim that I may have or come to have against the Durham Regional Police Service, the Durham Regional Police Service Board, their members, officers employees and agents (the "Releasees") and release the Releasees from and against any such claim for injury, loss, debt, or demand that I have or may have as a result of my participation in the Citizens Police Academy program. I acknowledge that I have been afforded time to obtain independent legal advice in respect of this release and waiver and that I am freely agreeing to all terms contained herein.
- * I understand and agree that the Durham Regional Police Service corporate communications and local media agencies may be in attendance at each session and that video coverage and still photographs will be taken at various times throughout the Academy and that my likeness may be used by the Service and/or the media agencies for any purposes whatsoever.
- * The Durham Regional Police Service reserves the right to sole discretion in the selection of applicants.

Dated this _____ day of _____ (year)_____.

Signature: _____

Please mail, e-mail to:

Durham Regional Police Service
Citizens Police Academy
605 Rossland Road East, PO Box 911 Whitby, ON L1N 0B8

Attention: Staff Sergeant Lock
e-mail: citizensacademy@drps.ca
or deliver this form to any Durham Regional Police Service
Division