



**New Westminster  
Police Department**



# **NEW WESTMINSTER POLICE DEPARTMENT**

## **STUDENT POLICE ACADEMY APPLICATION PACKAGE**



# New Westminster Police Department

## APPLICATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_

SEX: \_\_\_\_\_

BIRTHDATE: Y: \_\_\_\_\_ M: \_\_\_\_\_ D: \_\_\_\_\_ AGE: \_\_\_\_\_

FULL MAILING ADDRESS:

\_\_\_\_\_

PHONE: \_\_\_\_\_ DL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_

CONTACT NUMBER FOR PARENT/GUARDIAN: \_\_\_\_\_

EMERGENCY CONTACT

PERSON: \_\_\_\_\_

EMERGENCY CONTACT PHONE # \_\_\_\_\_

CARE CARD#: \_\_\_\_\_



# New Westminster Police Department

SCHOOL ATTENDING: \_\_\_\_\_

GRADE: \_\_\_\_\_

ALLERGIES/MEDICATIONS: \_\_\_\_\_

\_\_\_\_\_

ILLNESS/INJUIRES: \_\_\_\_\_

\_\_\_\_\_

HOBBIES/INTERESTS: \_\_\_\_\_

\_\_\_\_\_

DOCTORS NAME: \_\_\_\_\_

PHONE#: \_\_\_\_\_



# New Westminster Police Department

## PARENT/GUARDIAN PERMISSION AND LIABILITY WAIVER

I understand as the Parent/Guardian of the person named below as Student, hereby given permission for said Student to participate in the New Westminster Police Student Police Academy program. I understand that said Student will be involved in a variety of activities including but not limited to firearms training. I understand that said Student will be required to provide his/her own transportation to all training locations. I further acknowledge that some physical activities will be involved and state that said Student is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is recommended but not required to ensure said Student will be capable of participating in physical activities.

Further, the undersigned agrees to assume all risks of participating in the New Westminster Police Student Police Academy, and does hereby remise and forever discharge the New Westminster Police Department, its servants and agents from any and all manner of actions, debts, claims and demands, that said undersigned may have by reason of any manner arising out of the said activities organized by the New Westminster Police Department during the New Westminster Police Student Police academy session.

Further, the undersigned agrees to allow the New Westminster Police Department to use any photographs or video images or them taken during the Student Police academy for the promotion of the program.



# New Westminster Police Department

In witness whereof, I have set my hands this date:

Year: \_\_\_\_\_ Month: \_\_\_\_\_ Day: \_\_\_\_\_ at (City)

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
WITNESS SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

**PLEASE NOTE: IF YOU ARE UNDER 19 YEARS OF AGE YOU MUST  
HAVE YOUR PARENTS FILL OUT AND SIGN THIS WAIVER.**



# New Westminster Police Department

## NWPD CRIMINAL RECORD CHECK

Because of the confidential nature of police work, you are required to undergo a **SECURITY SCREENING**. This screening is conducted on the basis of the information you have provided in your application form.

**Any incorrect or incomplete information will result in rejection of your application for participation in this program.**

Full Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

D.O.B: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

I, \_\_\_\_\_ understand that I am applying for the **NEW WESTMINSTER POLICE DEPARTMENT STUDENT POLICE ACADEMY** and that I am required by the New Westminster Police Department to disclose whether or not I have been charged or convicted of any offence.

I, \_\_\_\_\_ understand that disclosure of a criminal record may not hinder me from being successful as an applicant for the **NEW WESTMINSTER POLICE STUDENT POLICE ACADEMY**. I \_\_\_\_\_ also understand that should the **NEW WESTMINSTER POLICE** decide to terminate my application based upon any disclosed conviction or pending charges that I will have the opportunity to see and discuss that criminal record.



# New Westminster Police Department

I \_\_\_\_\_ therefore authorize the New Westminster Police Department to inquire and determine whether I have a criminal record and obtain a complete disclosure of any criminal record they may find or uncover.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Signature of Parent/Guardian