



MEDICINE HAT POLICE SERVICE

CITIZENS' POLICE ACADEMY

APPLICATION FORM

INSTRUCTIONS FOR SUBMISSION OF APPLICATION

Applicant	<ol style="list-style-type: none"> 1. Complete accurately and legibly - incomplete applications cannot be processed. 2. Return to the Medicine Hat Police Service by dropping it off at the police station or by email to Michael.fischer@mhps.ca 3. Successful applicants will be required to complete a Background Security Check. 4. Only those applicants selected to attend the Citizen's Police Academy will be contacted.
MHPS Contact:	For more information contact Sgt. Michael Fischer Ph: 403-529-8451 or email Michael.fischer@mhps.ca

Last Name:	First Name:	Date:
Address:		
Home Phone Number:	Cell or Work Phone Number:	
Birth Date (Year/Month/Day):	Email Address:	
Are you a member of an organization, society or program that works alongside or in partnership with the Medicine Hat Police Service? If yes, which organization and in what capacity?		
Purpose for Applying to Citizens Police Academy:		
How did you learn about this program?		

POLICE USE ONLY

Received on:	Received Background Security Check on:	Notes:
Applicant Contacted on:	Contacted By:	

The personal information on this form is collected, used and disclosed for the purposes outlined in Sections 33 to 43 of the *Freedom of Information and Protection of Privacy (FOIPP) Act* and for other legal requirements where they are consistent with the *FOIPP Act*. If you have any questions regarding the collection of information, contact the Medicine Hat Police Service FOIPP Coordinator, 884 2nd St SE, Medicine Hat, AB, T1A 8H2