



EDMONTON POLICE SERVICE

CITIZENS POLICE ACADEMY

INSTRUCTIONS FOR SUBMISSION OF APPLICATION

Applicant	<ol style="list-style-type: none"> 1. Complete accurately and legibly in INK only - incomplete applications cannot be processed. 2. The Waiver must be signed and dated and witnessed in front of an Edmonton Police Service Member. 3. Two pieces of current government-issued identification which includes your full name and date of birth must be produced for verification by police. One piece of identification must have your photo and present address.
EPS Member	<ol style="list-style-type: none"> 1. Check two pieces of ID of individual. 2. Ensure information provided is accurate. 3. Fill out section "For Police Use Only". 4. Forward application through interdepartmental mail to Lawrence Jansen, Volunteer Coordinator, PHQ.

Name of Applicant:	Email Address:
Home Phone Number:	Cell or Work Number:

Are you a member of an organization, society or program that works alongside or in partnership with the Edmonton Police Service? Yes No If yes, which organization and in what capacity?

Purpose for Applying to Citizens Police Academy:

Received on: <small>(YYYY / MM / DD)</small>	Forwarded to PIC Unit on: <small>(YYYY / MM / DD)</small>	Returned from PIC Unit on: <small>(YYYY / MM / DD)</small>
Applicant Contacted on: <small>(YYYY / MM / DD)</small>	Contacted by:	Class Number:

Notes:

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 FOIPP Coordinator, Edmonton Police Service, 9620 - 103 A Avenue, Edmonton, Alberta, T5H 0H7.

Please Note:

You will be contacted once the application has passed through Police Information Check Unit. If accepted into CPA your application will be destroyed upon the conclusion of the class. Should you be deferred or you wish to attend a future class, your application will be held for one year after which you must reapply.



EDMONTON POLICE SERVICE

CITIZENS POLICE ACADEMY

APPLICATION

Surname / Family Name	First Birthname in Full	Middle Name in Full	Gender	Date of Birth <small>YYYY MM DD</small>
Maiden Name or Any Other Surnames EVER Used		Aliases		Place of Birth
Street Address		City / Town	Province	Postal Code
Driver's Licence Number / Issuing Province			Email Address:	
Home Phone	Work Phone	Cell Phone		
List all Previous Residences Within the Past Five Years				
Date From	Date To	Address	City / Town	Province

WAIVER

I, _____, hereby give consent to the Edmonton Police Service to conduct a search for:

1. criminal records and/or convictions of any kind which relate to me;
2. absolute and/or conditional discharges of any kind which relate to me;
3. alternative measures and/or adult diversion involvement of any kind which relate to me;
4. warrants of any kind which relate to me;
5. police files, from any law enforcement agency, Canadian or otherwise, which relate to me; and
6. pardons or record suspensions of any kind pursuant to the *Criminal Records Act*, which relate to me.

I further agree that I remise, release, and forever discharge the Edmonton Police Service, the Chief of Police of the Edmonton Police Service, the Edmonton Police Commission, and their administrators, successors, assigns, agents, officers, servants and employees and the party requiring the enhanced security check, and their administrators, successors, assigns, agents, officers, servants, and employees from any and all manner of actions, suits, debts, dues, general damages, special damages, pecuniary damages, costs, interest, claims and demands of every nature and kind at law or in equity under any statute, including but not limited to direct or consequential loss, occasioned by me or my legal representatives, heirs, assigns or agents, arising or in any way related to the enhanced security check process described above.

Before signing this Enhanced Security Check Waiver, I have fully informed myself of its content and meaning and understand its content and meaning.

_____ Signature of Applicant	_____ Signature of Witness	_____ Date (YYYY / MM / DD)
---------------------------------	-------------------------------	--------------------------------

For Police Use Only (Police Personnel - Do not verify own family member's identification)

Verification of Applicant's Identification

Verified by (Name)	Signature	Date (YYYY / MM / DD)	Phone Number
--------------------	-----------	-----------------------	--------------

Check Two Pieces of Applicant's Identification (Must be current original government issued that includes full Name and DOB).
Social Insurance Number, Edmonton City licences, Student Identification, and credit cards are NOT acceptable.

<input type="checkbox"/> Driver's Licence	<input type="checkbox"/> Citizenship Card	<input type="checkbox"/> Firearms Card
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Passport	<input type="checkbox"/> Other (specify): _____

Unit / Section Requesting Police Information Check Community Support Section	Contact Name (If different from Verifier above) Lawrence Jansen, CPA Facilitator	Phone Number 780-421-3546
--	--	-------------------------------------

Description of the Work or Position Applied For Attending classes in EPS Facilities for 13 week period.	Fax Number 780-421-2341
---	-----------------------------------

Police Information Check Unit Use Only

EPROS / CPIC / JOIN Information to Disclose <input type="checkbox"/> Yes <input type="checkbox"/> No	PIRS/PROS Information to Disclose <input type="checkbox"/> Yes <input type="checkbox"/> No
Date: _____ Signature: _____	ACIIS <input type="checkbox"/> Information to Disclose <input type="checkbox"/> Yes <input type="checkbox"/> No

EPS Occurrence for Information to Disclose	Date Generated (YYYY / MM / DD)
--	---------------------------------

UNABLE TO CLEAR – Authorization to OVERRIDE must be signed by a divisional commander

EPROS / CPIC / JOIN / PIRS/PROS / APS Net / BWI:

UNABLE TO CLEAR OVERRIDDEN Authorized by: _____