



CITIZENS ON PATROL PROGRAM APPLICATION FORM

Name _____
Surname Given Middle Maiden

Date of Application _____

Date of Birth _____
year/month/day

Address _____

Driver's License # _____

Phone # _____ Email: _____

Is this your first application to the program? YES NO

If NO, when was the last application made? _____

This application will be forwarded to the Winkler Police Service for a criminal record check and local police checks. I authorize the Winkler Police Service to repeat these checks every two years without obtaining my written permission each time. I further understand that the Winkler Police Service has the final say in the approval or rejection of the application and the criteria/method of arriving at a decision will not be questioned or objected to. I WILL HAVE NO GRIEVANCE against the Winkler Police Service in this respect.

SIGNATURE OF APPLICANT

Application approved

Application denied

CHIEF OF POLICE / DEPUTY CHIEF

DECLARATION OF CONFIDENTIALITY

I do solemnly declare that I will not disclose to any person, outside the City of Winkler Police Service, any information of which I may become aware of through my participation in the Citizens On Patrol Program, without prior authorization from the Chief of Police.

Signature: _____

AUTHORIZATION AND WAIVER OF CLAIM

I hereby consent to participate with the City of Winkler Police in the Program stated above. Furthermore, and in consideration of said participation, I hereby absolve the City of Winkler, the Winkler Police Service and its individual employees and agents from all liabilities, causes of action, damage or otherwise, for personal injury or loss /damage to property howsoever caused by or resulting from my participation in the program stated.

Signature: _____

Police Administration Use Only

This certifies that a search of the National Repository for Criminal Records in Canada, based on the above name and date of birth:

DID NOT EXIST

MAY EXIST

Comments:

Signature: _____

Date: _____