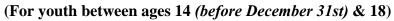
This form is not submittable online. Save a copy and send via email (hrpvolunteers@halifax.ca), or print a copy and forward via fax (902-490-6363) or mail (1975 Gottingen Street, Halifax, NS B3J 2H1).

Halifax Regional Police Youth Program Application





ruii Name:		Are you between the Yes	e ages 14 (by Dec 31) and 18? No
Address:			110
City/Town:		Postal Code:	
Home Phone:	Cell Phone:	Email:	
Parent /Guardians Name(s	and Contact Number	r(s):	
Education/Training			
School:			Grade:
Please list any other training	ng you have:		
Employment			
Do you have a part-time jo	ob? Yes	No	
20 you have a part time jo			
If yes, where?		How many hours do yo	u work a week?
If yes, where?			u work a week?
If yes, where? What do you do? Other Activities		How many hours do yo	
If yes, where? What do you do? Other Activities			

Revised: 130823

References: Please list two references who are **not** family members.

Name	Occupation	How do you know this person?	Phone #
Aspiration: Please explain and how it would benefit you	• •	e part in the Halifax Regional Police	e Youth Program
 schools attended, named per I certify that the statements nunderstand that if any statem I also understand that if acce 	rsonal references and security nade by me in this application nents are found to be untrue of opted by the Halifax Regional	access confidential information from property checks as deemed necessary. The are true and complete to the best of more misleading my application may be rejudice. Youth Program my failure to make the program.	y knowledge. I ected.
Applicant's Signature:		Date:	
Parent's / Guardian's			
The Halifax Regional Police You ability to use sound judgment, u	nderstand direction, work inde	and mental challenges that require you ependently, be a team player and accep your child to apply to the Youth Progra	ot supervision. By
Parent's/Guardian's Signature):	Date:	