

Haldimand County OPP 2025 Citizens Youth Police Academy

Application Form

Please PRINT or TYPE - Application forms must be filled out completely and legibly or application will not be processed. Preference is given to applicants who reside in the County of Haldimand. Applicants must be in Grade 10 or above to be eligible to participate.

NOTE: Please attach a copy of Driver's License or Student Picture ID Card.

PERSONAL INFORMATION				
Surname:				
First Name:	:			Middle Name:
Gender:	Male	Female	Other	Date of Birth (YY/MM/DD):
Address:				
City:			Province:	Postal Code:
Telephone 1	Number:	Home: ()		Cell: ()
Email: -				
School:				
Why do you	ı wish to	participate in the C	Citizens Youth P	Police Academy?
Parental co	nsent need	ded if applicant un	der the age of 1	8yrs. Parent information:
Name:	Address:			Contact #:
PLEASE RE	AD CARI	EFULLY BEFORE	SIGNING:	
OPP to collec	et personal	l information conce	erning myself. I	conducting security checks on all applicants. I authorize the Haldimand County I acknowledge this information is to be used for enrollment (screening) purposes ntification will be required and needs to be attached to this application.
disqualify m	e from pa		Citizens Youth	nd complete to the best of my knowledge. I understand that a false statement can h Police Academy. I promise if I am selected, that I will not disclose any
				nty OPP is not responsible for any accident or injury, physical or mental, that gence of the Haldimand County OPP.
The Haldima	nd Count	y OPP reserves the	right to sole dis	iscretion in the selection of applicants.
Dated this _	da	y of	2024.	Applicant Signature:
		off to: Haldimand 72 Highway Cayuga ON for more informa	54 N0A 1E0	Parental Signature: