



St. Albert Citizen's Patrol Society

Application Form



Fields marked with an asterisk (*) are required.

Surname: _____ *

Given Names: _____ *

Birthdate: _____ *

Gender: Male Female *

Former Name(s): _____

Home Address: _____ *

Postal Code: _____ *

Email Address: _____

Residence Phone: _____ *

Business Phone: _____

Emergency Contact: _____

Emergency Phone: _____

Length of Residency in St Albert: _____ years _____ months *

Have you ever been charged with a criminal offence? Yes No *

If yes: Guilty Not Guilty *

If Yes, provide brief details: _____

Are you currently in good health? Yes No *

If No, explain: _____

I give permission to the St. Albert R.C.M.P. to obtain all necessary information to qualify me as a volunteer for the Citizen's Patrol. I promise to read carefully, the guidelines and responsibilities handout provided by the Program if I am selected as a member. I hereby acknowledge that any false information given on this application will be grounds for non-acceptance and/or immediate dismissal.

Signature: _____ Date: _____

Please return this application to: **RCMP ST. ALBERT**
 96 Bellerose Drive
 St. Albert, Alberta T8N 7A4
 Fax (780) 458-7971