

# HAWKESBURY



## POLICE EXPLORERS

### *APPLICATION FOR ENGAGEMENT AS A POLICE EXPLORER*



#### HAWKESBURY O.P.P. DETACHMENT

419 CARTIER BLVD, HAWKESBURY, ONTARIO K6A 1V9

This questionnaire **must** be completed by the applicant in as much detail as possible. Use ball point pen.

If the question asked is not applicable to you, kindly indicate by "n/a"

**Please note that the application is done in English in order to test the applicant's English writing and reading skills**

# HAWKESBURY POLICE EXPLORERS Inc.

## APPLICATION FORM

DATE: \_\_\_\_\_

Information supplied on this form is confidential. Any misleading or false statement will automatically disqualify the applicant from further consideration. Therefore, read each item carefully and understand it before answering.

### PERSONAL DATA

**APPLICANT'S NAME:** \_\_\_\_\_

ADDRESS: \_\_\_\_\_ **E-MAIL :** \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ CITY: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ SOCIAL INSURANCE NO. \_\_\_\_\_

LENGTH OF RESIDENCE IN HAWKESBURY AREA: \_\_\_\_\_

AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

### FAMILY INFORMATION

**FATHER'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

FATHER'S ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

**MOTHER'S NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

MOTHER'S ADDRESS: (Same) ( ) \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

### BROTHERS AND SISTERS

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

SURNAME: \_\_\_\_\_ GIVEN NAMES: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

### **In case of an emergency, who do we contact? (If parents not available)**

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RELATION: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE NO. \_\_\_\_\_

RELATION: \_\_\_\_\_

**EDUCATIONAL DATA**

**SCHOOL**                      **NAME OF INSTITUTION**                                      **GRADE**                      **YEARS**

ELEMENTARY: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

**OTHER TRAINING OR SPECIAL SKILLS:** \_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY**

LIST SERIOUS ILLNESSES OR INJURIES:

\_\_\_\_\_

\_\_\_\_\_

DO YOU SUFFER FROM ANY PHYSICAL DISABILITIES THAT MAY IMPEDE YOU IN YOUR DUTIES AS A POLICE EXPLORER ? :

YES ( )                      NO ( )

IF YES, EXPLAIN: \_\_\_\_\_

DO YOU HAVE ANY EYE DIFFICULTIES?    YES ( )                      NO ( )

IF YES, GIVE DETAILS (ie COLOR BLINDNESS, NEAR SIGHTEDNESS, ETC):. \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT RECORDS**

**EMPLOYER NAME**                                      **POSITION**                                      **ADDRESS / PHONE**

1) \_\_\_\_\_

2) \_\_\_\_\_

**REFERENCES ( BE SURE TO INCLUDE NAME, ADDRESS & PHONE NO.)**

BUSINESS: \_\_\_\_\_

\_\_\_\_\_

SCHOOL: (School Name and Teacher's Name)

\_\_\_\_\_

**GENERAL INFORMATION:**

DRIVING EXPERIENCE: \_\_\_\_\_ DRIVER'S LICENSE NO. \_\_\_\_\_

CLASS: \_\_\_\_\_ CONDITIONS/RESTRICTIONS IF ANY: \_\_\_\_\_

HOBBIES ( SPORTS ):

\_\_\_\_\_

\_\_\_\_\_





**Hawkesbury Police Explorers Inc.**  
419 BOUL. CARTIER BLVD., HAWKESBURY, ONTARIO,  
K6A 1V9  
TEL : (613) 632-2729 FAX : (613) 632-8621



**www.PoliceExplorers.org**

*A community initiative for youths, by youths - Une initiative communautaire pour les jeunes, par les jeunes*

The Hawkesbury Police Explorers request criminal record verifications in order to complete the application for citizens that wish to become members of the Explorers. Bring this request form to the Hawkesbury OPP Detachment to request a verification. Once the verification is complete, attach the results of the search to the rear of the Explorer Application Form before submitting it.

### **Criminal Record Request Form**

NAME OF PERSON REQUESTING REPORT: \_\_\_\_\_

REASON FOR CNI CHECK:           Hawkesbury Police Explorers Inc. Program (Volunteer)

MAIDEN NAME IF FEMALE: \_\_\_\_\_

DATE OF BIRTH: (Ex. 14 Jan. 1989)\_\_\_\_\_

FULL ADDRESS: \_\_\_\_\_

POSTAL CODE: \_\_\_\_\_ MUNICIPALITY \_\_\_\_\_

TELEPHONE #: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

***PLEASE SUBMIT 2 PIECES OF IDENTIFICATION THAT CAN BE PHOTOCOPIED AT THE POLICE STATION.***

**I HEREBY AUTHORIZE the Ontario Provincial Police to determine whether or not I have been convicted of an offence under the CRIMINAL CODE OF CANADA, or related Federal Statute.**

SIGNATURE OF PERSON REQUESTING REPORT: \_\_\_\_\_

SIGNATURE OF PERSON TAKING REQUEST: \_\_\_\_\_

DATE REQUEST MADE: \_\_\_\_\_



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## Évaluation Scolaire / School Evaluation

Nom / Name: \_\_\_\_\_

Année Scolaire / Grade: \_\_\_\_\_

École / School: \_\_\_\_\_

Professeur / Teacher: \_\_\_\_\_

**Moyenne du dernier bulletin scolaire (ou performance scolaire estimée)  
 Average grade of last report card (or estimated school performance)**

- 60-69.9% **(15)**     70-74.9% **(25)**     75-79.9% **(40)**     80% & + **(50)**

**Comportement à l'école / School behavior**

- Pauvre / Poor **(0)**     Passable / Fair **(10)**     Bon / Good **(50)**  
 Très Bon / Very Good **(80)**     Excellent **(100)**

**Commentaires du professeur/ Teacher's comments:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- Je recommande fortement l'élève au programme d'Explorateur.  
 I strongly recommend this student (75)
- Je recommande l'élève au programme d'Explorateur. (50)  
 I recommend this student.
- Je ne recommande pas l'élève pour devenir Explorateur. (0)  
 I do not recommend this student
- Je ne suis pas dans la mesure d'évaluer une recommandation / I am not in a position to provide a recommendation.

**Total:** \_\_\_\_\_/225(150)    \_\_\_\_\_ / \_\_\_\_\_ / 200

**Date**

**Enseignant / Teacher**

Les Explorateurs des services policiers de Hawkesbury aimeraient vous remercier pour le temps consacré à répondre à ce questionnaire. L'évaluation scolaire est très importante. Le programme des Explorateurs vise à encourager les jeunes à bien se comporter à l'école afin de devenir des Explorateurs et adultes responsables.

The Hawkesbury Police Explorers Program would like to thank you in taking the time to answer to this small evaluation. This school evaluation is very important. The Explorers program encourages students to behave well in school in order to become responsible Explorers and adults.

# **Read Carefully !!!**

(All information received relative to statement made on this application form are strictly confidential to the Hawkesbury Police Explorers Inc. )

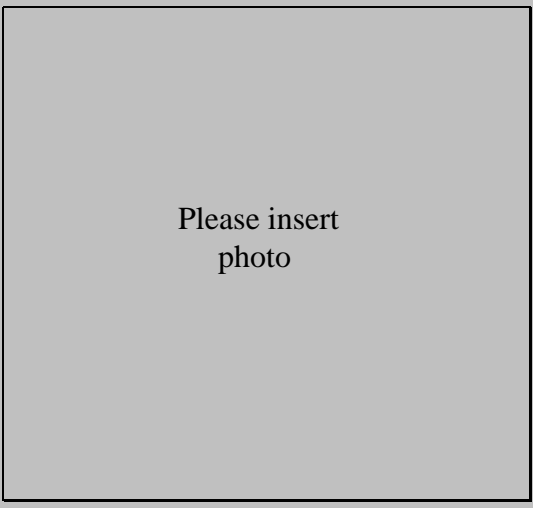
I hereby certify that statement contained in this application are true and accurate in every respect; and I understand, and hereby agree, that any misrepresentation contained herein may render my application or subsequent engagement void and of no effect.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Signature of Parent or legal guardian**

\_\_\_\_\_  
Date



Please insert  
photo

**PLEASE ATTACH A RECENT COLOR PHOTO OF YOURSELF WHICH NEED NOT BE RETURNED.**

***Please attach at the end of this application a photocopy of your last school report card with the School Evaluation completed by your home room teacher.***

**Mail or Bring Application to:**

**Cst. Pierre Dubois, Program Director,  
Hawkesbury Police Explorers  
419 Cartier Boulevard.  
Hawkesbury, Ontario  
K6A 1V9**