

Arnprior Community Policing



ARNPRIOR COMMUNITY POLICING COMMITTEE

“MEMBERSHIP APPLICATION”

NAME:(Mr./Mrs./Ms.): _____ DATE OF BIRTH: _____

ADDRESS:(Include town and postal code): _____

FORMER ADDRESSES:(Past 10 years): _____

DRIVER'S LICENSE #: _____ TELEPHONE #: _____

EMAIL ADDRESS: _____



ANY ADDITIONAL INFORMATION OR QUESTIONS PLEASE USE REVERSE SIDE.

i.e. If you wish to have an Arnprior Community Policing representative or O.P.P. Officer telephone you, please so indicate.

SIGNATURE OF APPLICANT: _____ DATE: _____

I AGREE TO ATTEND COMMUNITY POLICING MEETINGS, ASSIST ON COMMUNITY PROJECTS AND BE AVAILABLE TO ASSIST IN THE OFFICE WHEN CALLED UPON.

DISCLAIMER OF LIABILITY

Every effort has been made to ensure the accuracy of the information on the computer however, the Arnprior Community Policing Committee and the Ontario Provincial Police assumes no responsibility for the use of information available and does not guarantee the accuracy or completeness of the information.

PERMISSION CLAUSE

I hereby authorize the Ontario Provincial Police to perform a background check to determine my eligibility for membership in the Arnprior Community Policing Committee.

x _____