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|  | | Corporate Services, Clerk’s  10 Peel Centre Dr.  Brampton, ON L6T 4B9  Tel: 905-791-7800 | | | **Application for Citizen Appointment**  **to the Peel Police Services Board** | | | | | |
| Please Print Clearly | | | | | | | | | |
| **1. General** | | | | | | | | | |
| Applicant’s Last Name | | | | First Name Initial | | | | Home Tel. No.  Bus. Tel. No. | |
|  | | | |  | |  | |
| Street/P.O. Box No. | Apt. No. | | City/Town | | Province | | Postal Code | Date of Birth |  |
|  |  | |  | |  | |  | Drivers License |  |

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| **2. Skills and Abilities** |
| Describe skills or leadership in a business, agency or a profession which demonstrates ability to work effectively as a member of the Board. |
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| **3. Community Service History** | | | | |
| **1.** | Name of Agency | Telephone Number | Yr. Mo. From | Yr. Mo. To |
| Address | Position Held | Contact | |
| **2.** | Name of Agency | Telephone Number | Yr. Mo. From | Yr. Mo. To |
| Address | Position Held | Contact | |
| **3.** | Name of Agency | Telephone Number | Yr. Mo. From | Yr. Mo. To |
| Address | Position Held | Contact | |
| **4.** | Name of Agency | Telephone Number | Yr. Mo. From | Yr. Mo. To |
| Address | Position Held | Contact | |

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| **4. Summary of Eligibility Requirements and Qualifications** | |
| Yes No | a resident of the Region of Peel, or the owner or tenant of land in the Region of Peel, or spouse of such person; |
| Yes No | an owner or tenant of land in the Region of Peel or the spouse of such a person |
| Yes  No | a Canadian citizen at least 18 years of age |
| Yes  No | a member of the Legislative Assembly, the Senate or House of Commons, or an elected official of Council |
| Yes  No | not a member of council |
| Yes  No | a crown employee, or an employee of a municipality |
| Yes  No | a judge, or a justice of the peace |
| Yes  No | disqualified from holding office or voting |
| Yes  No | a police officer |
| Yes  No | a person who practices criminal law as a defence council |
| Yes  No | of good character (applicants will be required to provide authorization to the Police Service to conduct a background check) |
| Yes  No | a demonstrated history of community service |
| Yes  No | ability to devote up to 20 hours per month to Police Board matters including availability during normal business hours |
| Yes  No | demonstrated skills or leadership in a business or a profession to work effectively as a member of a board |
| Yes  No | have specific knowledge or experience which may be an asset to the Board (e.g., finance or human resources) |

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| **5. Family Contacts - References** | | | | |
| **1.** | Mr./Mrs.: Name of spouse or next of kin | Telephone | **H:** | (     ) |
|  | Numbers | **W:** | (     ) |
| Address | Relationship: | | |
|  | How long have you known the applicant? | | |
| **2.** | Mr./Mrs.: Name of spouse or next of kin | Telephone | **H:** | (     ) |
|  | Numbers | **W:** | (     ) |
| Address | Relationship: | | |
|  | How long have you known the applicant? | | |
| **3.** | Mr./Mrs.: Name of spouse or next of kin | Telephone | **H:** | (     ) |
|  | Numbers | **W:** | (     ) |
| Address | Relationship: | | |
|  | How long have you known the applicant? | | |
| **4.** | Mr./Mrs.: Name of spouse or next of kin | Telephone | **H:** | (     ) |
|  | Numbers | **W:** | (      ) |
| Address | Relationship: | | |
|  | How long have you known the applicant? | | |

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| **6. Place of Residence History -** *most recent first* | | | | | |
| **1.** | Address Street / Apt. No. | |  |  |  |
|  |  |  |  |  |
| Address | | Postal Code | Yr. Mo. | Yr. Mo. |
|  | |  | From | To |
| **2.** | Address Street / Apt. No. | |  |  |  |
|  |  |  |  |  |
| Address | | Postal Code | Yr. Mo. | Yr. Mo. |
|  | |  | From | To |
| **3.** | Address Street / Apt. No. | |  |  |  |
|  |  |  |  |  |
| Address | | Postal Code | Yr. Mo. | Yr. Mo. |
|  | |  | From | To |
| **4.** | Address Street / Apt. No. | |  |  |  |
|  |  |  |  |  |
| Address | | Postal Code | Yr. Mo. | Yr. Mo. |
|  | |  | From | To |

|  |  |  |  |  |  |  |  |
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| **7. Agreement/ Waiver Release – Authorization for Personal Background Check** | | | | | | | |
| I, |  | | hereby authorize any employer, agency or other person, to whom a signed duplicate or | | | | |
|  | *(Please Print Name)* | |  | | | | |
| Photocopy of this document is provided, to furnish any information, opinions, reports, records or copies contained in my file with your school, business, organization, agency or Police Service as requested by Peel Regional Police in connection with the undersigned’s application to serve as a member of the Regional Municipality of Peel Police Services Board. | | | | | | | |
| Such documentation is deemed to be privileged and confidential and only for the purposes of confirming the undersigned’s ability to be appointed to the Regional Municipality of Peel Police Services Board. | | | | | | | |
| I agree to waive any rights of action against any person or institution providing information in compliance with this authorization. | | | | | | | |
| I hereby certify the statements made herein are true and understand that any falsification of facts submitted in this form is cause for discharge from the Region of Peel Police Services Board. | | | | | | | |
|  | | | | | | | |
| Signature of Applicant | |  | | Date |  | | |
|  | | | | | Yr. | Mo. | Day |
|  | | | | | | | |
| **Notice With Respect To The Collection of Personal Information**  (Municipal Freedom of Information and Protection of Privacy Act)  Personal information on this form is collected under the authority of s. 27 of *Police Services Act*, R.S.O. 1990, c. P.15, and will be used to determine eligibility and for contact purposes regarding your application to the Peel Police Services Board. Questions about this collection should be directed to the Regional Clerk, 10 Peel Centre Drive, Brampton, ON L6T 4B9, 905-791-7800, Ext. 4545 | | | | | | | |