



Abbotsford Police Department

Junior Police Academy

March 17-21, 2025

Application Deadline:
Thursday, November 14, 2024

The Junior Police Academy provides an unforgettable weeklong experience by providing successful applicants unique opportunities which will afford them greater insight should they choose a career in policing.

In order to provide a realistic and successful Junior Police Academy, the application process is very competitive with a limited number of spots available. Eligible applicants must be able to attend and commit to every day of the Junior Police Academy.

All eligible students are encouraged to apply. However, if you are unsure, unfit, uncommitted or just need something to do around Spring Break you **will not** be successful.

Eligibility:

- Student attending Grade 11 or 12 in the City of Abbotsford
- Able to pass physical fitness test
- Able to pass a criminal record and a police records check
- Good academic & disciplinary standing with the school
- Interested in Policing as a Career

Application Process:

- Complete the attached application package located on the Abbotsford Police Department Website: www.abbypd.ca or at the *career counselling* area of your school.
- Deliver the completed application package to the career facilitator at your school no later than November 14, 2024.
- Pass a physical fitness test (Thursday, December 4, 2024, weather permitting).
- Complete Panel Interview at the Abbotsford Police Department (Jan/Feb 2025).
- Background and reference checks.
- Parent / Successful Applicant Orientation Session Hosted by School District Careers Program & Abbotsford Police Department (Feb/March 2025).

APPLICATION PACKAGE REQUIREMENTS

You must complete and submit the following as one completed application package to your school career counsellor on or before November 14, 2024, or you may be disqualified from being a successful applicant:

- Junior Police Academy Application Form
- Valid BC Driver's License or Student card with photograph of the Applicant
- Updated Resume
- Copy of most current school transcripts
- One letter of reference from a Principal, Vice Principal, Teacher, or School Counsellor
- Completed Parental Permission & Waiver Form
- Completed Consent for Criminal Record Check Form
- One page (handwritten) Statement of Interest.

Include:

- a. Your future Education & Career goals
- b. What would you like to learn from the Junior Police Academy?
- c. Why should you be chosen for the Junior Police Academy?

*****FAILURE TO COMPLETE ALL SECTIONS MAY RESULT IN THE APPLICATION BEING DISQUALIFIED*****

*****MAKE THE APPLICATIONS LOOK PROFESSIONAL AND DO NOT USE PENCIL*****

If you have any questions or concerns, you can contact the following people:

Cst. Deanna Dixon: Deanna.Dixon@abbypd.ca

Cst. Marcus Dyck: Marcus.Dyck@abbypd.ca



Abbotsford Police Department Junior Police Academy Application Form

SCHOOL ATTENDING: _____ GRADE: _____

LAST NAME: _____ FIRST: _____ MIDDLE : _____

DATE OF BIRTH (YYYY/MM/DD): _____

STREET ADDRESS: _____

TELEPHONE NUMBER (Hm): _____ (Cell): _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN: _____

EMERGENCY CONTACT: _____

EMERGENCY CONTACT PH#: _____

CARE CARD NUMBER: _____

TEACHER REFERENCE: _____

DO YOU HAVE ANY MEDICAL CONDITIONS OR ALLERGIES?: _____

DOCTOR'S NAME: _____ PHONE #: _____

SHIRT SIZE (S,M,L,XL): _____

*****WRITE LEGIBLY AND NOT IN PENCIL*****

PARENTS/GUARDIANS PERMISSION & LIABILITY WAIVER:

I, _____, the guardian/parent of _____ hereby give permission for _____ to participate in the APD JUNIOR POLICE ACADEMY. I understand that _____ will be involved in a variety of activities including but not limited to Physical Fitness, Police Incident Simulations, Use of Force & Firearms training.

****NOTE** Students will receive information, manipulate and potentially utilize various Use of Force options, in conjunction with learning Police decision making.**

I understand that _____ will be required to provide his/her own transportation to all the training locations. I further acknowledge that some physical activity will be involved and state that _____ is in good physical condition and is capable of participating in strenuous physical activity. I also understand that a medical examination is recommended but not required, to ensure that _____ will be capable of participating in the physical activities.

Further, the undersigned agrees to assume all risks of participating in the APD JUNIOR POLICE ACADEMY, and does hereby remise, release, and forever discharge the ABBOTSFORD POLICE DEPARTMENT, its servants and agents, from any and all manner of actions, debts, claims, and demands, that said undersigned may have by reason of any manner arising out of the said activities organized by the ABBOTSFORD POLICE DEPARTMENT whilst the APD JUNIOR POLICE ACADEMY is in session.

In witness whereof I have set my hands this date:

Year: _____ Month: _____ Day: _____ at the City of Abbotsford BC.

APPLICANT SIGNATURE

WITNESS SIGNATURE

PARENT/GUARDIAN SIGNATURE

WITNESS SIGNATURE

PROVINCE OF BRITISH COLUMBIA

CONSENT FOR CRIMINAL RECORD SEARCH

ABBOTSFORD POLICE DEPARTMENT

Surname: _____ Given: _____ Middle: _____

Date of Birth: _____ Place of Birth: _____

Address: _____

Postal Code: _____ BC Driver's Licence #: _____ Phone #: _____

WHEREAS I have applied for: THE ABBOTSFORD POLICE DEPT JUNIOR POLICE ACADEMY and I am required by ABBOTSFORD POLICE to disclose whether or not I have any convictions or have been charged under any federal enactment;

AND WHEREAS I understand that disclosure of a criminal record may not necessarily preclude me from the function I have applied for;

AND WHEREAS I understand that if ABBOTSFORD POLICE should decide any conviction or charge disclosed might preclude me from the function I have applied for I will be given an opportunity to see and discuss that criminal record;

I therefore, authorize ABBOTSFORD POLICE (police agency) on my behalf to inquire into and determine whether or not I have a criminal record, and also make to ABBOTSFORD POLICE a full and complete disclosure of any criminal record they may find.

Dated (YY/MM/DD): ____/____/____ Signature: _____

AUTHORIZATION FOR FINGERPRINTING

If there is requirement to verify that I do or do not have a criminal record, the police will require my fingerprints. Should they be required, I, therefore, agree to voluntarily submit my fingerprints. I understand that my fingerprints will be returned to me after this check has been completed.

Dated (YY/MM/DD): ____/____/____ Signature: _____

NOTE TO POLICE

The above-named applicant has consented to release information to the identified organization. Please check the applicant's record and indicate the result on this form. Please forward the completed form and fingerprints to:

ATTENTION: _____

SIGNATURE: _____

POLICE USE ONLY - RESULTS OF RECORDS CHECK

RESULT OF RECORDS SEARCH IS MERELY A RECORD, OR LACK OF OFFICIAL CONTACT WITH POLICE AGENCIES, NOT

AN AFFIRMATION OF GOOD CHARACTER

A SEARCH OF (CHECK APPLICABLE AREA):

() 1. The Central Repository for Criminal Records for Canada;

() 2. Index of _____

IN THE ABOVE NAME AND BIRTHDATE SHOWS:

() NO RECORD

() A RECORD EXISTS ON LOCAL INDEX AND A COPY, CERTIFIED BY THE APPLICANT IS ATTACHED

() A CENTRAL REPOSITORY RECORD MAY EXIST, BUT CANNOT BE DISCLOSED UNLESS VERIFIED BY FINGERPRINT COMPARISON