



# Niagara Regional Police Service

## Youth In Policing Initiative (YIPI) Application

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### Instructions

1. This Application Package contains three (3) sections:
  - a) **Section A – Application** (to be completed by Applicant). Please Note: Applicant's parent/legal guardian must review and endorse this section.
  - b) **Section B – Authorization for Collection of Personal Information** (to be completed by Applicant).
  - c) **Section C – Endorsement/Recommendation** (to be completed by Applicant's reference).
2. This Application Package can be completed by hand or electronically. If completing by hand, please print in a neat and clear manner. All sections within the Application Package must be filled in. Application Packages with incomplete sections will not be considered.
3. Once the Applicant has completed Sections A and B in its' entirety and has obtained their Endorsement/Recommendation (Section C), the Application Package can be submitted.
4. The completed Application Package can be submitted one of the following ways:
  - a) Email to: [careers@niagarapolice.ca](mailto:careers@niagarapolice.ca); or
  - b) Hand delivered in a sealed envelope at any NRPS District office **Attention: Human Resources**.
5. All Application Packages must be received no later than **Tuesday, May 23, 2023, at 4:00 p.m.**
6. Information provided in the Application Package will be used to assess the applicant's suitability for the Youth in Policing Initiative program.
7. Interview dates will be held on May 30, 2023, and May 31<sup>st</sup>, 2023, at 5 Lincoln Street, Welland, Ontario L3C 5H9 (3 District).

**We thank all Applicants in advance for their interest. Only those Applicants selected to proceed in the process will be contacted.**

Information on this form is collected under the authority of the *Police Services Act* and the *Municipal Freedom of Information and Protection of Privacy Act* and will be used to assess your suitability for participation in the YIPI Program. Questions about the collection of personal information should be directed to: Freedom of Information Coordinator, Freedom of Information Unit, Niagara Regional Police Service, 5700 Valley Way, Niagara Falls, Ontario L2E 1X8, (905) 688-4111. All questions regarding the use of this information should be directed to Human Resources at [careers@niagarapolice.ca](mailto:careers@niagarapolice.ca)

## SECTION A: Application

### Applicant's Personal Information

Last name:		First name:	
Date of Birth: (day/month/year)			
Address:			
City:	Province:	Postal code:	
Email:			
Home phone #:		Cell phone #:	
Do you have a driver's licence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide your driver's licence #:			

If selected to participate in an interview, please note that all interviews will be held at the following location:

5 Lincoln Street, Welland, Ontario L3C 5H9 (3 District)

Have you participated and completed a Youth In Policing Initiative program in the past?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where did you complete the Youth In Policing Initiative program?	
Have you ever previously applied for the Youth In Policing Initiative program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible to work in Canada?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any contact with any police service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes' to the above question, please describe this interaction, positive or negative.	

### Education

Name of secondary school:
What grade are you currently in?
Will you be returning to a school in September 2023 within Niagara Region? <input type="checkbox"/> Yes <input type="checkbox"/> No

### Employment History or Volunteer Experience (Begin with the most recent.)

Name and Address of Employer/Volunteer Organization:	Phone number of Employer/Volunteer Organization:	
	From date:	To date:
Were you an <input type="checkbox"/> Employee or a <input type="checkbox"/> Volunteer? Check the correct box.		
Duties:		
Name of Supervisor:	Reason for Leaving:	

Name and Address of Employer/Volunteer Organization:	Phone number of Employer/Volunteer Organization:	
	From date:	To date:
Were you an <input type="checkbox"/> Employee or a <input type="checkbox"/> Volunteer? Check the correct box.		
Duties:		
Name of Supervisor:	Reason for Leaving:	

Name and Address of Employer/Volunteer Organization:	Phone number of Employer/Volunteer Organization:	
	From date:	To date:
Were you an <input type="checkbox"/> Employee or a <input type="checkbox"/> Volunteer? Check the correct box.		
Duties:		
Name of Supervisor:	Reason for Leaving:	

Name and Address of Employer/Volunteer Organization:	Phone number of Employer/Volunteer Organization:	
	From date:	To date:
Were you an <input type="checkbox"/> Employee or a <input type="checkbox"/> Volunteer? Check the correct box.		
Duties:		
Name of Supervisor:	Reason for Leaving:	

### Why You? (Tell us about you!)

Briefly describe yourself as a person.
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Tell us about your skills, hobbies, and interests.
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**How did you hear about the Youth In Policing Initiative program?**

**What skills do you possess that will benefit the Youth in Policing Initiative program?**

**In your own words, describe the barriers to success that you have encountered (if any).**

**Why do you feel that you would be the best person for this opportunity?**

**Please describe an area of improvement or development that you wish to focus on through this program.**

**How do you feel about the community in which you live and the school you go to?**

<b>Why are you interested in the Youth In Policing Initiative program?</b>
<b>What do you expect to gain from this experience?</b>
<b>Do you have any prior commitments or vacation plans during the 8-week placement (July 4 to August 25, 2023) that may interfere with this opportunity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If 'yes' to the above question, please explain:</b>

I hereby declare that the foregoing information is true and complete to my knowledge. I understand that a false statement made throughout the entire selection process may disqualify me from employment or cause my dismissal in Youth In Policing Initiative at the Niagara Regional Police Service. Also, I agree to participate in Youth In Policing Initiative program which is intended to support youth to gain valuable employment experience, exposure to general life skills, and develop a mentorship relationship with local police staff.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**By signing below, the Parent or Legal Guardian confirms that they have reviewed and endorses Section A of the Application Package that is being submitted by the Applicant.**

Parent / Legal Guardian Name: \_\_\_\_\_ (Please Print)

Parent / Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Questions?**

Call Constable Lawrence Maney at 905-688-4111 Option 3 Ext.1009068 or send an email to [lawrence.maney@niagarapolice.ca](mailto:lawrence.maney@niagarapolice.ca)

## **SECTION B: Authorization for Collection of Personal Information**

All candidates in the selection process for the **Youth In Policing Initiative** program with the Niagara Regional Police Service will have a Police Record Check performed by a member of the Service.

Information is collected and disclosed according to Section 29(1) and 32 of the Municipal Freedom of Information and protection of Privacy Act (MFIPPA) and the Police Services Act, RS 1990, c.P.15.

Please complete the "AUTHORIZATION FOR INQUIRY" form on page 7.



NIAGARA REGIONAL POLICE SERVICE

**AUTHORIZATION FOR INQUIRY**

I, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, HEREBY  
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

AUTHORIZE ANY DOCTOR, EMPLOYER OR OTHER PERSON, TO WHOM A SIGNED ORIGINAL OR PHOTOCOPY OF THIS AUTHORIZATION IS DELIVERED TO FURNISH ANY INFORMATION, OPINIONS, REPORTS, OR COPIES OF RECORDS WHICH MAY BE REQUESTED BY THE NIAGARA REGIONAL POLICE SERVICE.

I AGREE TO WAIVE ANY RIGHT OF ACTION AGAINST ANY PERSON OR INSTITUTION WHO MAY PROVIDE INFORMATION OR OPINIONS IN COMPLIANCE WITH THIS AUTHORIZATION.

\_\_\_\_\_  
APPLICANT'S CURRENT ADDRESS

\_\_\_\_\_  
APPLICANT'S TELEPHONE NUMBER(S)

\_\_\_\_\_  
APPLICANT'S PREVIOUS ADDRESSES IN PAST 5 YEARS

\_\_\_\_\_  
APPLICANT'S PREVIOUS SURNAMES (IF APPLICABLE)

\_\_\_\_\_  
APPLICANT'S NICKNAMES (IF APPLICABLE)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS' SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SOCIAL INSURANCE #

\_\_\_\_\_  
DRIVER'S LICENCE #

\_\_\_\_\_  
DATE OF BIRTH (year/month/day)

\_\_\_\_\_  
PLACE OF BIRTH

INFORMATION IS COLLECTED AND DISCLOSED ACCORDING TO SECTION 29(1) AND 32 OF THE MUNICIPAL FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (MFIPPA) AND THE POLICE SERVICES ACT, RSO 1990, c.P.15.

FORM 568.17.12

## SECTION C: Endorsement / Recommendation

This section to be completed by a school representative (for example: teacher, principal, vice-principal or guidance counselor) or police representative.

I hereby recommend this youth for the **Youth In Policing Initiative** program with the Niagara Regional Police Service. This youth displays qualities that make them an excellent candidate for this opportunity. I do not have any concerns about the ability of this youth to conduct themselves in an appropriate manner in a cooperative educational and learning placement with the Niagara Regional Police Service.

<b>Student Name:</b>	<b>Current Grade (if applicable):</b>
<b>School / Program:</b>	<b>First &amp; Last Name of School / Police Representative:</b>
<b>Title:</b>	
<b>How long have you known this student?</b>	
<b>Describe this student's strengths:</b>	
<b>Describe this student's areas for improvement/development:</b>	

Signature: \_\_\_\_\_

Date: \_\_\_\_\_