

A.

DECLARATION OF CONFIDENTIALITY

I do solemnly declare that I will not disclose to any person outside the City of Winkler Police Force, any information of which I may become possessed through my participation in the Citizen On Patrol Program, without authorization from the Chief of Police of the City of Winkler Police.

Signature: _____

B.

AUTHORIZATION AND WAVIER OF CLAIM

I hereby consent to participate with the City of Winkler Police in the Program stated above.

Furthermore, and in consideration of the said participation, I hereby absolve the City of Winkler, The City of Winkler Police and its individual employees and agents from all liabilities, causes of action, damage or otherwise for personal injury or loss of or damage to property, howsoever caused by or resulting from the said participation of the above participant in the program stated.

Signature: _____ Date: _____

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(the following is for police use only)

This certifies that a search of the National Repository for Criminal Records in Canada, based on the above name and date of birth:

| DATE | DID NOT EXIST | MAY EXIST | COMMENTS | SIGNATURE |
|-----------|---------------|-----------|----------|-----------|
| ____ 2001 | _____ | _____ | _____ | _____ |
| ____ 2003 | _____ | _____ | _____ | _____ |
| ____ 2005 | _____ | _____ | _____ | _____ |

Data/COPP/Application