



The Edmonton Safe Parent Association

*Surname: _____ Date: _____

*Address: _____ Postal Code: _____

*Home Phone #: _____

Resident #1 M/F

Resident #2 M/F

*Name: _____

*Name: _____

Maiden Name: _____

Maiden Name: _____

*Birth Date: _____

*Birth Date: _____

Birth Place: _____

Birth Place: _____

cell Phone: _____

Cell Phone: _____

*Email: _____

*Email: _____

I hereby authorize the Edmonton Police Service to make such investigation of their records, or such other investigations as may be deemed appropriate, and on the basis of such investigations to indicate the approval or disapproval of the application.

CRIMINAL RECORDS WILL NOT BE RELEASED TO ANY PERSON

*Signature: _____

*Signature: _____

****Please list all other residents in the home (children, relatives, nannies, etc.)****

	<u>Name in Full</u>	<u>Date of Birth</u>	<u>Place of Birth</u>	<u>Signature</u>
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Safe Parent Area Chairman School Presentations Bingo/Casino Volunteer

Should this application be approved, you will be notified by mail of such fact in approximately 6 to 8 weeks.

Please mail application to:

For Office Use Only

Edmonton Safe Parent Association
9321 Jasper Avenue NW
Edmonton, Alberta T5H 3T7

Division: _____
Area: _____
Mem Num: _____
Initial: _____