



# Community Mobilization Workshop Registration Form

Mail Completed Form To: Community Mobilization Unit  
40 College Street 6<sup>th</sup> floor  
Toronto, Ontario  
M5G 2J3

FAX Completed Form To: Community Mobilization Unit  
(416) 808-7222

Course Dates: Saturday, April 24<sup>th</sup>, 2010

Course Times: 8:30 a.m. to 4:30 p.m.

Mr.  Mrs.  Ms.

Name: \_\_\_\_\_  
Surname First Middle

Home Address: \_\_\_\_\_  
Street Number Street Name

\_\_\_\_\_ City Postal Code

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's Licence \_\_\_\_\_  
(YY/MM/DD)

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

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

Why are you interested in participating in the Community Mobilization Workshop?

\_\_\_\_\_

## PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Toronto Police Service Community Mobilization Workshop, I hereby authorize the Toronto Police Service to conduct a criminal history background investigation. I understand that the criminal history check is being conducted due to the nature of the classes given at the Community Mobilization Workshop.

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