

Town of Lashburn
Town of Marshall
Rural Municipality of Wilton



Legacy Regional Protective Services
Box 40
Marshall, SK S0M-1R0

Membership Application Form

Personal Information

Surname	Given Name	Birth Date	
Address	City	Prov	Postal Code
Home Phone	Cell Phone	Cell Carrier	Email

Emergency Contact Information

Surname	Given Name	Relationship
Address	City	Phone Number

Alternate Emergency Contact

Surname	Given Name	Relationship
Address	City	Phone Number

Driver's License

Prov	Class	Restrictions	Endorsements	License Number
Expiry Date	*** Attach a Current Driver's Abstract ***			

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Applicant Skill's and Training cont.

Other Training or Skill's

Type of Training or Skill	Department/Organization/School	Date
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Employment Information

Current Employer

<hr/>		<hr/>
Company Name		Phone Number
<hr/>		
<hr/>	<hr/>	<hr/>
Occupation	Supervisor's Name	Phone Number
(If less than 1 Year please complete Employment History)		
<hr/>		
Length of Employment		

Employment History

<hr/>	<hr/>	<hr/>
Company Name	Phone Number	Supervisor's Name
<hr/>		
<hr/>	<hr/>	<hr/>
Company Name	Phone Number	Supervisor's Name

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Availability

I can Leave work to respond

Supervisors Signature

References

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Name

Relationship

Phone Number

Criminal Record and Vulnerable Sector Check

***** Attach Criminal Record and Vulnerable Sector Check with Application *****

I authorize Legacy Regional Protective Services to make inquiries concerning my background and Character.

Initials

I understand that the completion of this form is a preliminary step and does not meant that I am a successful applicant with LRPS.

Initials

I understand that I must be 18 years if age to become a fulltime active member of LRPS.

Initials

Print Name

Signature

Date

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For Applicants Under the age of Eighteen Years Old (18)

Indemnification

In consideration of the minor applicant being permitted to participate in the use, the property and the facilities of **Legacy Regional Protective Services**, I agree to the following waiver, release of indemnification

I, the undersigned parent, legal guardian or custodian of the above minor, for himself/herself and on behalf of said minor, hereby joins the foregoing waiver and release and hereby stipulated and agrees to save and hold harmless, indemnify, and forever defend RURAL MUNICIPALITY of WILTON (472), Town of Marshall SK., Town of Lashburn SK., any person that has any property interest in the facilities of LEGACY REGIONAL PROTECTIVE SERVICES and all members and , for any of the foregoing entities, any and all directors, officers, agents, employees, and volunteers, from and against any and all claims or legal actions brought by said minor or by anyone on behalf of said minor , as a result of said minor's participation in the LEGACY REGIONAL PROTECTIVE SERVICES based upon negligent or reckless act of any person, and I agree not to sue or bring any legal action against any of the above named persons or entities as a result of any injury, property damages, paralysis or death suffered in connection with my use and participation the use of the property and facilities of LEGACY REGIONAL PROTECTIVE SERVICES.

Printed name of Minor

I, Affirm that the above named minor is the age of 16 or older

Signature Parent/Guardian

Name of Parent or Guardian

Date Signed

Signature Parent/Guardian

Name of Parent or Guardian

Date Signed
