

**Sample 1 SPECIAL SERVICE SHIELD**

**QUALIFYING FOR APPLICATION FOR CADET SPECIAL SERVICE SHIELD**

DIVISION \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

DATE OF ENROLMENT \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ FIRST AID NUMBER \_\_\_\_\_



Source:  
**Ontario Council  
 Community Services  
 Forms Manual, 1996  
 Stock # 600-009**

LEVEL OF AWARD	TOTAL HOURS	PERIOD OF SERVICE		EXACT TOTAL HOURS	DATE ISSUED P.H.Q. USE
		From	To		
S.S. Shield (Red)	200				
S.S. Shield (Green)	400				
S.S. Shield (Blue)	600				
S.S. Shield (Bronze)	800				
S.S. Shield (Silver)	1000				
S.S. Shield (Gold)	1200				

I hereby certify that the above named Cadet has qualified for the specified Special Service Shield in accordance with StJCI 2-6-1.

\_\_\_\_\_ Date \_\_\_\_\_  
 Division Superintendent

APPROVED  
 \_\_\_\_\_ Date \_\_\_\_\_  
 Provincial Commissioner