

# YOUTH POLICE ACADEMY APPLICATION

Please print clearly and fully complete the form. When completed, sign and date the form and drop it off at the Rockford Police Department or mail it to:  
**Officer Jena Martin, Rockford Police Dept., 420 W. State St., Rockford, IL 61101**

**Applications will be accepted through July 22<sup>nd</sup>, 2011 and you will be notified by phone or mail upon your acceptance into the program. Class size is limited, so return this application as soon as possible. Thank you for your interest!**

Name (Last, First, Middle): \_\_\_\_\_

Parent /Guardian's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ School: \_\_\_\_\_

Birth Date/Age: \_\_\_\_\_ T-Shirt Size (S-XXL): \_\_\_\_\_

Do you have any physical disabilities for which the police department may have to make accommodations? \_\_\_\_\_ If so, please tell us what accommodations are needed:

\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested for anything other than traffic violations? \_\_\_\_\_  
If so, please explain:

\_\_\_\_\_  
\_\_\_\_\_

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As a requirement for the Youth Police Academy, the police department may perform a criminal history check on all applicants that are initially selected to participate in the program. All records are confidential.

I hereby authorize the Rockford Police Department to search the files of the national and local criminal record database for any criminal history record.

Parent's Signature

Date

\_\_\_\_\_

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