Glendale Police Department
Youth Police Academy
(Application)

1. Name:_____
Last First Middle

2. Date of Birth: _____ email address_____

3. Address: _____
Street Apt # City State Zip Code

4. Phone Number: Home: _____ Work: _____

In case of emergency contact: _____
Name-Relationship-Phone#

5. Drivers License Number: _____State: _____

Class: _____ Expiration Date: _____

Is your driver's license valid? Yes _____ No _____

6. Have you ever been arrested for anything other than a traffic offense? Yes ____ No ____

If Yes was answered on question #6, explain where, when and disposition. _____

_____

7. Place of Employment: _____

Address: _____
Street City State Zip Code

Occupation: _____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate mis-statement or omission of material facts may disqualify me to attend the Youth Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

_____ _____
Signature Date