

**ARVADA POLICE DEPARTMENT**  
**TEEN POLICE ACADEMY APPLICATION**

To be considered for this program, you must have completed Freshman year in high school and have a GPA of 2.0 or higher. Applications will be processed in the order in which they are received.

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

Full Name: \_\_\_\_\_ ( \_\_\_\_\_ )  
                    First                      Middle                      Last                      Nickname

Address: \_\_\_\_\_  
                    Address                      City                      Zip Code

Phone: ( \_\_\_\_\_ )                      Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current School: \_\_\_\_\_ GPA: \_\_\_\_\_

Applicant Information:

T-shirt Size: (circle one)   S   M   L   XL   XXL

List Any Medical or Physical Limitations: \_\_\_\_\_

\_\_\_\_\_

Hobbies/Special Interests/Community Service: \_\_\_\_\_

\_\_\_\_\_

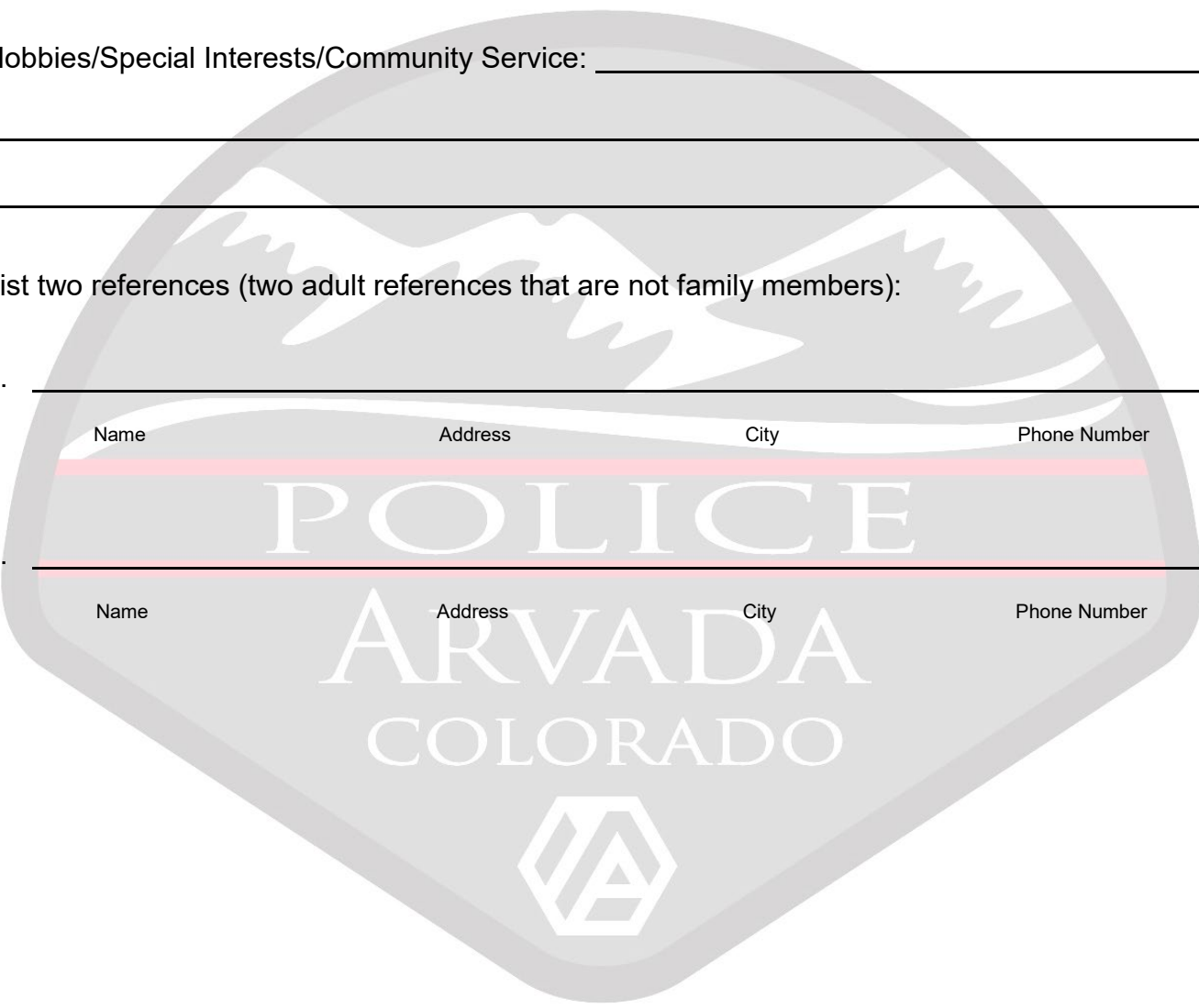
List two references (two adult references that are not family members):

1. \_\_\_\_\_

| Name | Address | City | Phone Number |
|------|---------|------|--------------|
|------|---------|------|--------------|

2. \_\_\_\_\_

| Name | Address | City | Phone Number |
|------|---------|------|--------------|
|------|---------|------|--------------|





Please bring in your completed application form along with your driver's license or ID and \$20.00 to:

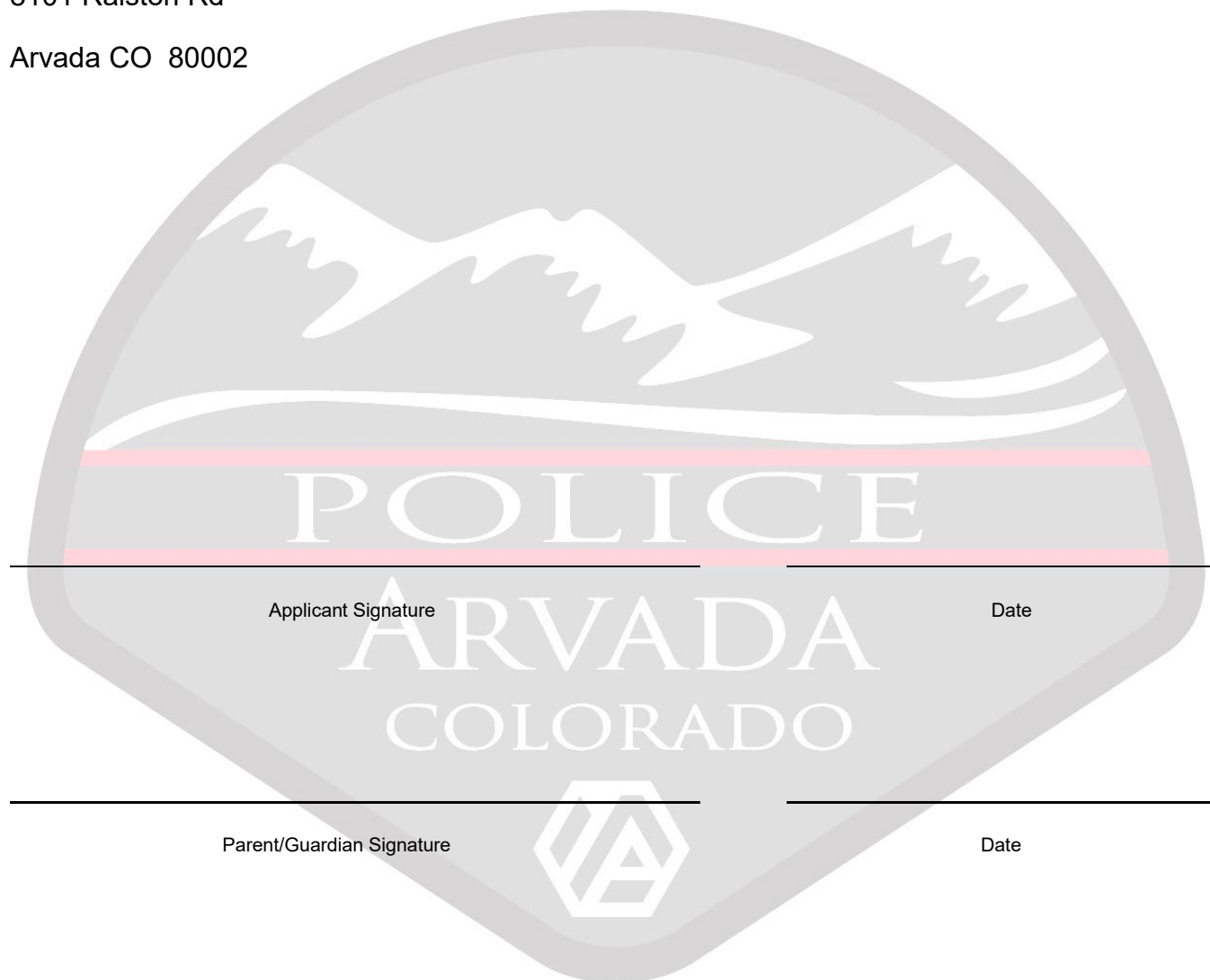
Bridgette Roberts

Arvada Police Department

Teen Police Academy

8101 Ralston Rd

Arvada CO 80002



Applicant Signature

Date

Parent/Guardian Signature

Date