

**ARVADA POLICE DEPARTMENT
2019 TEEN POLICE ACADEMY APPLICATION
JUNE 3 -7, 2019**

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

THIS APPLICATION IS DUE BY MONDAY MAY 20, 2019

Please mail your completed application and \$15.00 (**please make checks payable to the City of Arvada and date them June 3, 2019. They will be held until June 3, 2019, at which time they will be deposited**) to:

Debbie Medina
Arvada Police Department
Teen Police Academy
8101 Ralston Rd
Arvada CO 80002

ALL APPLICANTS ARE SUBJECT TO A BACKGROUND INVESTIGATION INCLUSIVE OF CRIMINAL HISTORY, POLICE CONTACTS, SCHOOL DISCIPLINE, ATTENDANCE, AND PERSONAL REFERENCES. THE ARVADA POLICE DEPARTMENT RESERVES THE RIGHT TO DETERMINE AN APPLICANT'S PARTICIPATION.

Applicant Signature

Date

Parent/Guardian Signature

Date