

SIDNEY POLICE DEPARTMENT

Teen Law Enforcement Workshop



**Application for Admission

APPLICANT INFORMATION

Last Name		First		M. I.	Date of Birth
Street Address				Apartment/Unit #	
City	State	ZIP		Home Phone	
School Attended		Grade	T-Shirt Size (circle one) XS S M L XL		
Emergency Contact # 1(name)			Mobile Phone		Work Phone
Emergency Contact # 2(name)			Mobile Phone		Work Phone

References (Please list two, this can include teachers, school counselors, relatives, neighbors)

1. Full Name			Phone
Company			
Address			Relationship
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2. Full Name			Phone
Company			
Address			Relationship

APPLICANT'S CERTIFICATE AND RELEASE

Applicant's Signature			Date	
Address				
Parent/Guardian Signature			Date	
Address				
Parent/Guardian Phone Number				

Received Date	Time
BY	