

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
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	