

**ARVADA POLICE DEPARTMENT  
2008 TEEN POLICE ACADEMY APPLICATION  
JULY 21-25, 2008**

To be considered for this program, you must be between 16-18 years of age, possess a Colorado driver's license 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

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

Phone: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Colorado Driver's License Number: \_\_\_\_\_

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 FRIDAY, JUNE 16, 2008**

(Continued on Reverse Side)



Please mail your completed application to:

Sgt. Jeff Monzingo  
Arvada Police Department  
Teen Policy 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 (if applicant is under 18 years of age)

\_\_\_\_\_  
Date

***Upon acceptance into the Youth Academy, a \$25 fee will be required. Scholarships will be available based on financial need. If you wish to be considered for a scholarship, please contact Sgt. Jeff Monzingo at (720)898-6666, before June 16, 2008.***