ARVADA POLICE DEPARTMENT 2013 TEEN POLICE ACADEMY APPLICATION JULY 15-19, 2013

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:	Middle	Last	() Nickname
Address:	City		Zip Code
Phone: (<u>)</u>		ess:	·
Colorado Driver's License Number:		Date of	f Birth:
PLEASE PROVIDE A P	HOTO COPY OF	YOUR DRIVER	'S LICENSE
Current School:			GPA:
Applicant Information:			
Γ-shirt Size: (circle one) S N		XXL	
Hobbies/Special Interests/Commur	nity Service:		
_ist two references (two adult referent		•	,
Name	Address	City	Phone Number
	Address	City	Phone Number

THIS APPLICATION IS DUE BY FRIDAY, JUNE 28, 2013

Please provide a short biography and written narrative expressing your interest in attending the Arvada Police Department Teen Academy			

Please mail your completed application and \$20.00 (please make checks payable to the City of Arvada and date them July 15, 2013. They will be held until July 15, 2013, 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 (if applicant is under 18 years of age)	Date