

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) <input type="checkbox"/> XS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> 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					