

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	