



**LAKWOOD POLICE DEPARTMENT
2016 YOUTH POLICE ACADEMY APPLICATION
JUNE 6-10, 2016**



To be considered for this program, it is preferable that you are 16-18 years of age, possess a Colorado driver's license or permit, and have a GPA of 2.0 or higher

Full Name: _____
First Middle Last

Date of Birth: _____ Age: _____

Address: _____
Address City Zip Code

Phone: _____ Cell Phone: _____ **Texting Capability? Y N**

Email Address: _____

Colorado Driver's License/Permit Number: _____

Current School **and Grade:** _____ GPA: _____

Race: _____ Gender: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____ T-shirt Size: _____

List Any Medical/Physical Limitations/Allergies: _____

Hobbies/Special Interests/Community Service: _____

List two adult references (who are not family members):

1. _____
Name Address City Phone Number

2. _____
Name Address City Phone Number

THIS APPLICATION IS DUE BY APRIL 4, 2016

***Upon acceptance into the Youth Police Academy, a \$30 registration fee is required.
Scholarships are available based on financial need.***

Please provide a short biography and written narrative expressing why you are interested in attending the Lakewood Police Department Youth Academy.

ALL APPLICANTS ARE SUBJECT TO A BACKGROUND INVESTIGATION INCLUSIVE OF CRIMINAL HISTORY, POLICE CONTACTS, SCHOOL DISCIPLINE, ATTENDANCE, AND PERSONAL REFERENCES. THE LAKEWOOD 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

*Please mail completed application to: Lakewood Police Department
Juvenile Crime Unit – ATTN: Meg Bogacz
445 S. Allison Parkway
Lakewood, CO 80226*