



YOUTH CITIZENS' POLICE ACADEMY

APPLICATION FOR ENROLLMENT

(Please type or print clearly)

Thank you for applying for the Youth Citizens' Police Academy (YCPA). This program will show you the role the Tallahassee Police Department (TPD) plays in serving and protecting the City of Tallahassee. Please complete the application by filling out the information below as accurately as possible.

In order to attend the YCPA you must meet the following criteria:

1. Must be at least 13yoa and under 18 yoa at start of program
2. Attending school with a 2.0 GPA or higher
3. Leon County or surrounding area resident
4. Meet background and school discipline check criteria
5. Have an interest in learning more about TPD

STUDENT APPLICANT DATA:

NAME (Last, First, MI): _____

ADDRESS: _____

(CITY) (STATE) (ZIP): _____

CELL PHONE _____ HOME PHONE _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____

RACE: _____

GENDER: _____

SCHOOL AND GRADE WHERE YOU ARE CURRENTLY ATTENDING: _____

CURRENT GPA: _____

PARENTAL DATA: MOTHER / FATHER / GUARDIAN

NAME (Last, First, MI): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER:

HOME and CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE: _____

NAME (Last, First, MI): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER:

HOME and CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE: _____

NAME (Last, First, MI): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER:

HOME and CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE: _____

QUESTIONNAIRE FOR APPLICANTS

1. Have you ever had contact with law enforcement for which you were the focus of an investigation? (ex. a traffic stop, questioned about a crime, arrested, etc.) YES / NO

If the answer is YES, provide details.

2. Are there any physical limitations we need to be aware of in order to be able to better assist you to engage in the activities associated with the Youth Citizen Police Academy? YES / NO

If the answer is YES, provide details.

3. Can you commit to attending all 6 classes from approximately 630pm – 830pm? YES / NO

Please note that students missing the first night or more than (2) nights of instruction will be withdrawn from the Academy. If there are other priorities at the present time which conflict with the Academy dates/times, please consider reapplying in the future when time allows you to complete the program in its entirety.

4. How did you hear about the Youth Citizen Police Academy?

5. Have you ever had any positive or negative contact with the Tallahassee Police Department?

If the answer is YES, provide details

6. If you are not selected or available to attend this session of the Academy, would you be interested in attending the next scheduled Academy? YES / NO

7. Have you applied for a previous YCPA? YES / NO

When? _____

8. Why do you want to participate in the Youth Citizens' Police Academy?

Please review your answers and read the statement below before signing your application.

I, _____, hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statement or answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the Tallahassee Police Department's Youth Citizens' Police Academy.

I further acknowledge that as part of acceptance to this program, I will be required to attend at least 6 of the 8 classes. Failure to attend the required number of classes will be cause for dismissal from the program. I will abide by all rules and regulations set forth by the Tallahassee Police Department and the City of Tallahassee. I will provide my own transportation when required. I further understand that the Tallahassee Police Department will be conducting a thorough background investigation.

APPLICANT COMMITMENT

I understand the selection criteria and attendance requirements for the YCPA. If I am selected, I will devote the time necessary to complete the YCPA program.

I understand there will be a background check for the applicants, to include any civil/criminal offenses, police contact and school records checks. I consent to the background check, and I understand acceptance is subject to the results of the background check and adherence to other program guidelines.

Applicant Signature

Date

PARENT/GUARDIAN COMMITMENT

As a parent or legal guardian of the applicant, (name) _____ has my approval and my full support, which includes the time required to participate in the program.

I understand there will be a background check for the applicants, to include any civil/criminal offenses, police contact and school records checks. I consent to the background check, and I understand acceptance is subject to the results of the background check and adherence to other program guidelines.

Parent/Guardian Signature

Date

Submit application by mail:

Tallahassee Police Department
Attention Officer Sean Wyman YCPA Coordinator
234 East 7th Avenue
Tallahassee FL, 32303

Or Fax It To: 850-891-4274

Or Email it to: sean.wyman@talgov.com