

**EL PASO POLICE DEPARTMENT
YOUTH POLICE ACADEMY
APPLICATION FOR ENROLLMENT**

APPLICANT MUST BE BETWEEN 13 and 18 YEARS OF AGE TO APPLY. PLEASE BE SURE TO COMPLETE THE ENTIRE APPLICATION. PLEASE PRINT LEGIBLY.

SCHOOL

Name of School: _____ Grade/Classification: _____

G.P.A.: _____ Y.P.A. Advisor: _____

A. PERSONAL

Last Name: _____ First Name: _____ Mi.: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth(mm/dd/yyyy): _____ Home Phone: _____

Other phone: _____ SSN #: _____

Texas Drivers License or I.D. #: _____

E-Mail Address: _____

1a) Have you ever been closely associated with persons who have been involved in gang-like or other criminal activity? Yes: _____ No: _____ (If yes, please explain on the back)

2a) Are you employed? Yes: _____ No: _____ If yes where:

Business: _____ Address: _____

Business Phone: _____ Supervisor: _____

3a) Are you willing to abide by a dress code? Yes: _____ No: _____

Please explain why you want to attend the Youth Police Academy:

B. PARENT INFORMATION

Father(Last name, First name, Middle)_____

Home address:_____

Business Name:_____

Business Address:_____

Business Phone:_____ Home Phone:_____

Mother(Last name, First name, Middle)_____

Home address:_____

Business Name:_____

Business Address:_____

Business Phone:_____ Home Phone:_____

I understand that all information regarding my personal history will be used for the purpose of determining eligibility into the Youth Academy. I also understand that if I checked yes to question 1a, I am not automatically disqualified from participation with the Youth Police academy. I certify that the information on this application is true and correct to the best of my knowledge and I understand that any false statement could lead to my/my child's dismissal from the Youth Police Academy.

Student Signature

Date

Parent Signature

Date