



# DICKINSON POLICE DEPARTMENT YOUTH ACADEMY

## APPLICATION FORM

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT(S): \_\_\_\_\_

SCHOOL: \_\_\_\_\_

GRADE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE YOUTH ACADEMY?

\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU HOPE TO LEARN?

\_\_\_\_\_  
\_\_\_\_\_

THIS FORM CAN BE RETURNED TO THE SCHOOL RESOURCE OFFICER  
OR THE DICKINSON LAW ENFORCEMENT CENTER.

THANK YOU FOR YOUR INTEREST IN THE YOUTH ACADEMY.