

Application must be filled out by the youth applicant. - PLEASE PRINT CLEARLY -

No electronic or typed signatures accepted.

PLEASE READ BEFORE PROCEEDING WITH THIS APPLICATION.

Thank you for your interest in the Meridian Police Department Youth Academy. To ensure that all students fully benefit from this program, we kindly request that you participate only if you can commit to attending all five days, have a genuine interest in the course content, and are ready to actively engage and focus on classroom activities and presentations.

Applicant's Name:								
Last	First	М	MI		Nickname			
ddress:								
		City	City				Z	Zip
Date of Birth (MM/DD/YYYY):		Sex (M/F):			DL#:			
Applicant must be 14 years old by 6/23/20	25. Applicant must not be	e over the age of 18 by	6/23/25.					
Phone #:			T-shirt size:	S	М	L	XL	XXL
Home	Cell							
pplicant Email:								
	ry form of communication							
School:	Gra	de in 24/25 school y	ear:	_ A\	/erage	GPA		
Parent/Guardian Email:	ne primary form of comm							
			-					
Parent/Legal Guardian #1:			Primary Phone #	:				
ddress:			Work Phone #: _					
Darant/Lacal Guardian #2.			Primary Dhone #					
arent/Legal Guardian #2:			Primary Phone #					
Address:			Work Phone #·					
uurooo.								
mergency Contact:								
Nar		Phone #			Relatio	nship		

AUTHORIZATION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Meridian Police Department's Youth Academy. I hereby authorize the Meridian Police Department to conduct a criminal history background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Youth Academy. I understand that all available police and criminal records will be checked and that the information will be used solely for determining eligibility of applicants for the Youth Academy. All information is to remain confidential as required by state and federal statutes. Signature of Applicant: Date: Signature of Parent or Guardian: Date: EMPLOYMENT HISTORY Company Name: _____ Phone #: _____ Address: ______ Supervisor: ______ Dates of Employment - From: _____ To: _____ Reason for Leaving: _____ Job title, description and responsibilities: ______ Have you ever been fired from a job or asked to resign? If yes, please explain: Have you ever been convicted of any law violation, other than a traffic violation? If yes, please explain: MEDIA RELEASE I, _____, understand all aspects of the Youth Academy program may be recorded by audio and visual means and may be used to promote future programs. Furthermore, I understand the media may be invited to view the event and may attempt to

interview program participants. I am willing to provide my name and telephone number to be contacted by the media regarding Youth Academy program. I hereby release and discharge persons representing the Youth Academy program from any liability arising out of or in connection with the making, processing, reproduction or exhibition of video tapes or photographs promoting the Youth Academy program.

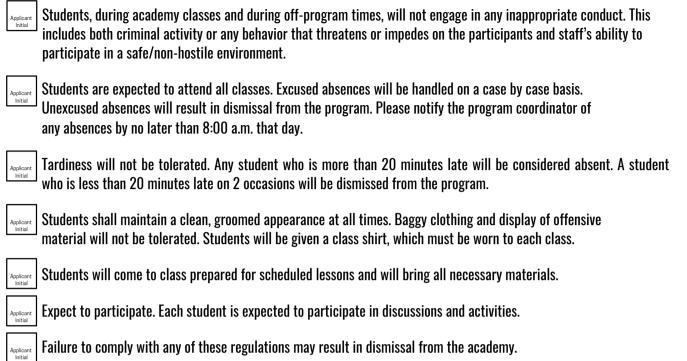
Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian: ______ Date: ______

QUESTIONNAIRE

Please state why you are interested in attending the Meridian Police Department's Youth Academy:							
Describe any community/recreational activities in which you have	ve participated (sports, clubs, non-profits, etc.):						
Is their anything you'd like us to know about you?							
How did you hear about the Youth Academy? (Please check all t	hat apply.)						
MPD Social Media (Facebook, Instagram or Nextdoor)	Previous Youth Academy participant						
Other social media	School (Teacher, counselor or school announcements)						
Parent, family or friend	School Resource Officer (SRO)						
	ENCES						
References must be 18							
Please list two references, not relatives, who have knowledge of	you professionally and/or personally.						
Name:	Phone #:						
Relationship (neighbor, friend, etc.):	How long have they known you?						
Name:	Phone #:						
Relationship (neighbor, friend, etc.):	How long have they known you?						

RULES AND REGULATIONS



AFFIDAVIT PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for acceptance into the Meridian Police Department's Youth Academy and may result in my dismissal if discovered at a later date.

I understand that this application for acceptance to the Meridian Police Department's Youth Academy does not create an express or implied acceptance into the Academy nor guarantee acceptance for any definite period of time. If accepted, I understand that I have been accepted in the Youth Academy at the will of the Meridian Police Department and my status may be terminated at any time.

I have read, understand and by my signature consent to these statements.

Signature of Applicant: _	Date:	
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Signature of Parent or Guardian: ______ Date: ______

Please return to: Meridian Police Department 1401 E. Watertower St. Meridian, ID 83642 ATTN: Crime Prevention Unit Office: (208) 846-7300 E-mail: crimeprevention@meridiancity.org

APPLICANTS WILL BE NOTIFIED OF THE STATUS OF THEIR APPLICATION APPROXIMATELY 3 WEEKS PRIOR TO THE START OF THE PROGRAM.