



SHERIFF KING COUNTY



TEEN POLICE ACADEMY

APPLICATION

Name: _____ Male Female

Address: _____ Age: _____

City: _____ State: _____ Zip Code: _____ Phone Number: () _____

DL or WA state ID number: _____ Birthdate: / / _____

School: _____ Employer (If applicable): _____

Email Address: _____

Parent/Guardian Name: _____ Parent/Guardian Phone Number: _____

Have you been convicted of any crimes? Yes No

If yes, please list approximate dates and outcomes (If you require more room, please attach a separate page):

Please briefly describe your overall feeling (s) regarding law enforcement:

Why are you interested in attending the Teen Police Academy?

What other community groups/activities are you engaged in?

Photographs/video will be taken during the course of the Teen Police Academy sessions and may be used in printed and electronic materials. Do you give the King County Sheriff's Office, and it's agents, permission to use photos of you?
 Yes No

Initials of Teen: _____ Initials of Parent/Guardian: _____

Do you have any dietary restrictions? If yes, please explain in the space provided: Yes No

I, _____ authorize King County Sheriff's Office and its agents and employees to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies for the purpose of confirming my past criminal record. I hereby release King County and all of its agents and employees from any liability which may arise out of the background investigation and recommendation, including any liability arising from a negative recommendation based upon erroneous information.

Signature: _____ Date: _____

Signature of Parent/Guardian: _____

Printed name of Parent/Guardian: _____