



Saginaw Police Department

JUNIOR POLICE ACADEMY

APPLICATION FOR ENROLLMENT

(Please type or print clearly)

Thank you for applying for the Junior Police Academy. This program will show you the role the Saginaw Police Department plays in serving and protecting the City of Saginaw. Please have applicant complete the application by filling out the information below as accurately as possible. **MAXIMUM 12 KIDS PER CLASS.**

In order to attend the Junior Police Academy, you must meet the following criteria:

1. Must be going into 7th or 8th grades
2. Lives in the City of Saginaw or attends EMISD
3. Pass background check
4. Have an interest in learning more about the Saginaw Police Department

STUDENT APPLICANT DATA:

NAME (LAST, FIRST, MI): _____

ADDRESS: _____

(CITY) (STATE) (ZIP): _____

CELL PHONE: _____ HOME PHONE: _____

DATE OF BIRTH: _____

RACE: _____ GENDER: _____

SCHOOL AND GRADE WHERE YOU WILL ATTEND 2022-2023: _____

Shirt Size: Adult Small _____

Adult Medium _____

Adult Large _____

Adult X-Large _____

Adult XX-Large _____

Dates Requested: _____

PARENTAL DATA: MOTHER/FATHER/GUARDIAN

NAME (LAST, FIRST, MI): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

HOME/CELL: _____

E-MAIL ADDRESS: _____

EMPLOYER: _____

WORK PHONE: _____

NAME (LAST, FIRST, MI): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

HOME/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. Questioned about a crime, arrested, etc.) YES / NO

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 Junior Police Academy? YES / NO

If the answer is YES, please provide details.

3. Can you commit to attending all 5 classes from 08:00 am – 12:00 pm? YES / NO

Please take note that students who miss the first day of class or more than (1) day of instruction will be withdrawn from the Academy. If there are other priorities at the present time which conflict with the Academy date/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 Junior Police Academy? _____

5. Have you ever had any positive or negative contact with the Saginaw Police Department? If YES, please 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. Why do you want to participate in the Junior 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 question. I understand that any omission or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the Saginaw Police Department Junior Police Academy.

I further acknowledge that as part of acceptance to this program, I will be required to attend all class presentations. 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 Saginaw Police Department and the City of Saginaw. I will provide my own transportation. I further understand that the Saginaw Police Department will be conducting a thorough background investigation.

APPLICANT COMMITMENT

I understand the selection criteria and attendance requirements for the Saginaw Junior Police Academy. If I am selected, I will devote the time necessary to complete the Saginaw Junior Police Academy.

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 guideline.

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 checks, 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 to:

Saginaw Police Department
505 W. McLeroy Blvd.
Saginaw, Tx. 76179

Or Fax It To: (817) 847-5918

Or Email to jcrippen@saginawpolice.org

Thank You for your consideration to join the Saginaw Junior Police Academy!