



BAKERSFIELD JUNIOR POLICE ACADEMY CADET APPLICATION



Name _____ Date _____
First Middle Last

Address _____
Street Name & Number Apt. # City State Zip Code

Telephone # _____ Date of Birth _____ Age _____
Month Day Year

School _____ Grade _____ Time School Ends _____ P.M.

Parent / Guardian _____ Work Telephone # _____
Mother and/or Guardian

_____ Work Telephone # _____
Father and/or Guardian

Emergency Contact Person _____ Telephone # _____
Name Relation

1. Have you attended the Bakersfield Junior Police Academy in the past? Yes / No
 - a. If so, what year? _____
2. Have you ever been arrested? Yes / No
 - a. If yes, what were the charges?

3. Have you ever been expelled from school? Yes / No
 - a. If yes, what were you expelled for?

4. Do you have any medical conditions that may prohibit you from any physical activities? Yes / No
 - a. If yes, what is the medical condition?

5. List any other reason(s) that may hinder you from being able to participate in any activities during the course of this academy.

Please mark age group and which site you will like to attend.

<input type="checkbox"/> 11-13 yrs.	<input type="checkbox"/> 14-17 yrs.
<input type="checkbox"/> PAL Center, 301 E. 4 th St.	<input type="checkbox"/> PAL Center, 301 E. 4 th St.

Pant (Waist) Size: _____ **Shirt Size:** _____ **Shoe Size:** _____

Signature _____ Date _____
Applicant Parent/Guardian