



# 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 <sup>th</sup> St.	<input type="checkbox"/> PAL Center, 301 E. 4 <sup>th</sup> St.
<input type="checkbox"/> Bridge Church, 12225 Stockdale Hwy.	<input type="checkbox"/> Bridge Church, 12225 Stockdale Hwy.
<input type="checkbox"/> Friendship House, 2424 Cottonwood Rd.	

Pant (Waist) Size: \_\_\_\_\_ Shirt Size: \_\_\_\_\_ Shoe Size: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Applicant Parent/Guardian*