



EVANSTON YOUTH CITIZEN POLICE ACADEMY APPLICATION

INSTRUCTIONS:

1. Please print or type your answers, except for your signature.
 - *INCOMPLETE OR ILLEGIBLE APPLICATIONS WILL NOT BE PROCESSED.*
2. Use a blank piece of paper if you do not have enough room on the application.
3. An application without a signature will not be accepted.
4. Parental signature is **MANDATORY**.
5. Respond N/A for questions not applicable to you.

APPLICATION INFORMATION

Name: _____ Date of Birth: _____
Last First Middle

Driver's License/State ID: _____

Home Address: _____ City: _____ State: ___ Zip: _____

Phone: _____ Cell _____

PARENTS INFORMATION

Father's Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

Mother's Name: _____ Home Phone: _____

Address: _____ Business Phone: _____

APPLICANT'S EDUCATION

Junior High School: _____
Name Year

High School: _____
Name Year

Have you ever been charged with a crime for any law violation(s)? If yes please explain:

REFERENCES

Please list three references (not relatives), who have knowledge of you professionally and/or personally.

1. Name: _____ Phone: _____

Your relationship to them: (example: neighbor, friend, teacher): _____

2. Name: _____ Phone: _____

Your relationship to them: (example: neighbor, friend, teacher): _____

3. Name: _____ Phone: _____

Your relationship to them: (example: neighbor, friend, teacher): _____

AFFIDAVIT

PLEASE READ EACH STATEMENT BELOW 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 Evanston Youth Citizen Police Academy and may result in my dismissal if discovered at a later date.

I understand that the Evanston Police Department will conduct a criminal background check which may include information as to my character, reputation, and conduct. I understand I have the right to request the nature and scope of the background check (within a reasonable time of disclosure).

I authorize the background check of any or all statements contained in this application and also authorize any person, school, employer, and organizations named in this application to provide relevant information and opinions that may be useful in making a decision to accept me as an academy participant. I release such persons and organizations from any legal liability in making truthful statements.

I understand that this application does not create, express, or imply acceptance in the academy nor guarantee acceptance for any definite period of time. If accepted, I understand that I have been accepted in the Youth Citizen Police Academy at the will of the Evanston Police Department and my status may be terminated at any time.

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

Signature: _____

Date: _____

Parent or Legal Guardian

I have read, understand and consent to _____ signing this application for the Evanston Youth Citizen Police Academy.

Signature: _____

Date: _____

Relation to Applicant: _____



**EVANSTON POLICE DEPARTMENT
COMMUNITY STRATEGIES BUREAU
1454 ELMWOOD AVE.
EVANSTON, IL 60201
(847) 866-5019 OFFICE
(847) 864-6090 FAX**