



# Saginaw Police Department

## *JUNIOR POLICE ACADEMY*

### APPLICATION FOR ENROLLMENT

(Please type or print clearly)

August 2<sup>nd</sup> – 6<sup>th</sup>, 2021

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 7<sup>th</sup> or 8<sup>th</sup> 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 2021-2022: \_\_\_\_\_

Shirt Size: Adult Small \_\_\_\_\_

Adult Medium \_\_\_\_\_

Adult Large \_\_\_\_\_

Adult X-Large \_\_\_\_\_

Adult XX-Large \_\_\_\_\_

Contact Officer Chelce Kidwell at (817)230-0363 for Assistance

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: \_\_\_\_\_

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## 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Please take note that students who miss the first day of class or more than (1) day of instruction will be withdrawn from the Academy.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.

Contact Officer Chelce Kidwell at (817)230-0363 for Assistance

## 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.

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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.

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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 [ckidwell@saginawpolice.org](mailto:ckidwell@saginawpolice.org)

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

Contact Officer Chelce Kidwell at (817)230-0363 for Assistance