



YOUTH POLICE ACADEMY

Please email this application by March 31 to grpdrecruiting@grcity.us

YOUR CONTACT INFORMATION

Full Name (First, Middle, Last)

Date of Birth (Month, Day, Year)

Address (#, Street, Apt#, City, State, Zip)

Drivers License Number

Phone Number

Emergency Contact Phone Number

Email

WORK INFORMATION

Current or Most Recent Employer

Name

Address

Phone

Supervisor

SCHOOL INFORMATION

Name of School

Current Grade and GPA

Guidance Counselor (Name, Email, Phone Number)

SCREENING QUESTIONS

Which of these describes your current physical condition?
(Circle One) POOR / AVERAGE / GOOD / EXCELLENT

Have you completed a physical for your doctor, sports, or school in the last year? (Circle One) YES / NO

If YES, did you pass? Is there anything we should be aware of?
Can you provide a copy?

If NO...are you willing to complete a physical prior to the academy and provide proof of passing? (Circle One) YES / NO

Is your current average GPA a 2.0 or higher?
(Circle One) YES / NO

Why do you wish to participate in this program?

How did you hear about this program?

Have you ever been convicted of a crime?
(Circle One) YES / NO If YES, please explain.

Have you ever been in trouble at school?
(Circle One) YES / NO If YES, please explain.

REFERENCES

(Person One) First / Last

Phone Number / Email

(Person Two) First / Last

Phone Number / Email

QUESTIONS?
Contact us at (616) 456-3301

JoinGRPD.com





Release and Hold Harmless Agreement Photo Release Waiver Emergency Medical Treatment Form

We, the undersigned, hereby acknowledge that I am the applicant and parent or legal guardian for the minor child (if under 18 years old).

(Last) _____ (First) _____ (Middle) _____

In consideration for my/minor child's participating in the Grand Rapids Youth Police Academy, the undersigned hereby agrees that we will assume any and all risks resulting from the attendance and participation of me/my child at such functions and activities of the Youth Police Academy program. We further release the City of Grand Rapids and the Grand Rapids Police Department from any and all liability resulting from my/my minor child's attendance and participation.

We further agree to indemnify and hold harmless the City of Grand Rapids, its agents, employees, officers, directors and volunteers from any and all claims, demands, expenses and liability, whether for personal injury, death or property damage arising out of the participation of my/my minor child in a Youth Police Academy function or activity.

We further consent and authorize the City of Grand Rapids to make use of my/my minor child's name, pictures, photographs, slides, digital images, and other likeness of me/the child in newspapers, advertisements or on the City of Grand Rapids Police Department website, to further promote its program without compensation in productions, publications, on the web, or other printed or electronic materials related to the role and function of the Grand Rapids Police Department.

Permission has been granted to participate in the Grand Rapids Police Department Youth Police Academy. In the event of an illness or injury while participating in this activity, I consent to X-ray, examination, anesthesia, medical or surgical diagnostic treatment or procedures that are considered necessary in the best judgment of the attending physician and performed by, or under, the supervision of a member of the medical staff of the hospital furnishing medical services. I also give my consent for the attending physician to prescribe and administer any necessary medication needed in the event of a medical emergency. It is understood that in the event of a serious illness or injury, reasonable efforts to reach me will be attempted.

Applicant Printed Name (First, Last) _____

Applicant Signature _____

Date _____

Parent/Guardian Printed Name (First, Last) _____

Parent/Guardian Signature _____

Date _____