

**JACKSONVILLE BEACH POLICE DEPARTMENT
YOUTH POLICE ACADEMY
APPLICATION**



DATE: _____

NAME: _____
 LAST FIRST MI

ADDRESS: _____

PHONE: _____ ALT PHONE: _____ DATE OF BIRTH: _____

PARENT CONTACT: _____
 NAME PHONE

ALTERNATE CONTACT: _____

LAST SCHOOL ATTENDED _____ GRADE: _____

WHY DO YOU WISH TO ATTEND THE YOUTH POLICE ACADEMY? _____

HOW DID YOU FIRST HEAR ABOUT THE YOUTH POLICE ACADEMY? _____

KNOWN ALLERGIES _____

APPLICANT'S SIGNATURE

APPLICANT'S PARENTS SIGNATURE

APPLICATIONS MAY BE DELIVERED TO:

JACKSONVILLE BEACH POLICE DEPARTMENT
Attention: E. Shaughnessy, Detective Sergeant (904-270-1676)
101 SOUTH PENMAN ROAD
JACKSONVILLE BEACH, FLORIDA 32250
E-Mail: eshaughnessy@jaxbchfl.net

