Statesboro Police Department

Youth Citizens Police Academy 2016

The Statesboro Police Department is proud to present the opportunity for the youth of our community to participate in our second annual Youth Citizens Police Academy. We will be accepting applications from Statesboro youth ages 12 to 16 from April 15, 2016 till May 13, 2016. There are limited spots available, so only completed applications will be considered.

The program will be held on Tuesdays from 4 to 6 pm from June 7th to July 12th, 2016. Applications can be mailed to or dropped off at the Police Department at 25 West Grady Street Statesboro, GA 30458. If mailed, please address the envelope to Madison Bridges.

If you have any questions please contact Community Relations Secretary Madison Bridges by phone at (912) 764-9911 or by email at madison.bridges@statesboroga.gov.

To help you make sure you and your child have everything in order before turning in the application here is a checklist of everything needed:

- Applicant Information Sheet
- 1 page essay by the applicant, can be typed or hand-written, on why he or she wants to attend the Youth Citizens Police Academy
- Letter of Recommendation from a current school teacher of the applicant. Must include:
  - The school name
  - Contact information for the teacher
  - Please no more than 1 page in length
  - If the applicant is homeschooled, a letter from one of the following will be accepted
    - A Statesboro business owner, not related to the applicant
    - A leader of a church the applicant attends
    - A leader of a community outreach program or volunteer program the applicant is involved with or participates in

Additional forms will need to be completed by parents if your child is selected for participation in the program and will be due at the first class session.

Thank you for your interest in participating in the 2016 Youth Citizens Police Academy!
Statesboro Police Department Youth Citizens Police Academy 2016

Date: ________________

**Applicant Information**

Name: ____________________________________________

Age: _______ Date of Birth: _____________ Grade for 2015-2016 School Year: ________________

School Attended for 2015-2016 School Year: __________________________________________

Home Address: ________________________________________________________________________

____________________________________________________________________________________

Phone Number - Home: ________________ Cell (if applicable): __________________________

Does the child suffer from any food or any other severe allergies? __________

If yes please explain: ________________________________________________________________

____________________________________________________________________________________

**Parent Information**

Name: ______________________________________________________________________________

Phone Number – Home: ___________ Work: ___________ Cell: ________________

Parent email: ________________________________________________________________

Emergency Contact (not parent): ________________________________________________

Emergency Contact Phone: _________________________________________________________

Relation to child: _____ Adult Sibling ________ Grand Parent ________ Aunt/Uncle ________ Other