



# JUNIOR POLICE ACADEMY

## HINSDALE POLICE DEPARTMENT

### APPLICATION

Applications must be complete and signed. Applicants must be in 6<sup>th</sup>, 7<sup>th</sup> or 8<sup>th</sup> grade currently to apply.  
Applicants must be a resident of Hinsdale or attend school in Hinsdale.

Please Print Clearly

Name: \_\_\_\_\_  
First
Middle
Last

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
Month/Day/Year
M/F

Address: \_\_\_\_\_  
Street
Town
State
Zip

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

School You Attend: \_\_\_\_\_

Grade: \_\_\_\_\_ (currently must be in 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> grade)

E-Mail: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name
Phone
Relationship

**Academy Fee: \$ 25.00. Please attach a check payable to Village of Hinsdale to the application.**

**I certify that the information contained in this application is true and complete. The Hinsdale Police Department is authorized to verify any of the above information deemed necessary for consideration to attend the Hinsdale Police Department Junior Police Academy.**

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**RETURN THIS APPLICATION TO THE HINSDALE POLICE DEPARTMENT**

**(Over)**

# HINSDALE JUNIOR POLICE ACADEMY APPLICATION FORM

Please state below why you are interested in attending the Hinsdale Junior Police Academy.

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Describe any community involvement activities in which you have participated.

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The Junior Police Academy will meet on the following Friday dates: February 9, February 16, February 23, March 2, March 9, March 16, 2007 from 6:30 PM – 9:00 PM You **MUST** be able to attend five (5) of the six (6) classes to enroll.

HINSDALE POLICE DEPARTMENT  
121 SYMONDS DRIVE  
HINSDALE

Officer Michael Coughlin  
630-789-7084

Officer Mark Keller  
630-789-7085