



Junior Police Academy – Application/Questionnaire

Miami Township Police

March 27-31, 2017

Participant Name: _____

(If a minor, Parent/Guardian Name): _____

Phone Number: _____

Email Address: _____

Age _____

Shirt size _____

Parents/Guardians please have your child answer these questions. After reviewing your child's application, you will be contacted if they have been accepted to attend the 2017 Junior Police Academy.

Please list any leadership experience: _____

Please list any volunteer experience: _____

Please list any awards, certificates, or accomplishments related to leadership, academics, or teamwork:

Why do you want to participate in the Junior Police Academy, and how will you be a good participant?
