PREPARATORY ACADEMY

APPLICATION

ACADEMY DATE APPLYING FOR: _____

NAME _____ _____ _____
LAST FIRST MIDDLE

ADDRESS _____ _____ _____
STREET CITY ZIP

PHONE NUMBER:_____ E-MAIL ADDRESS _____

WA DRIVER'S LICENSE NO. _____ DATE OF BIRTH _____

EMERGENCY CONTACT: _____

T-SHIRT SIZE (CIRCLE ONE) S M L XL **ARE YOU**: LEFT HANDED RIGHT HANDED

WAIST SIZE (CIRCLE ONE) YS YM YL YXL

YES NO **I'VE COMPLETED A PHOTOGRAPHY RELEASE FORM** (DOWNLOAD & ATTACH TO APPLICATION)

WHY DO YOU WANT TO ATTEND THE MOUNT VERNON POLICE DEPARTMENT'S PREPARATORY ACADEMY?

_____

_____

_____

_____

References - Please obtain two letters of recommendation one from a schoolteacher or counselor, and one from a person associated with your extra-curricular activities (coach, religious leader, supervisor, etc.) and attach the with your application.

NAME: _____ NAME: _____

ADDRESS: _____ ADDRESS: _____

TELEPHONE: _____ TELEPHONE: _____

_____ _____
SIGNATURE DATE PARENT/GUARDIAN SIGNATURE DATE

My signature authorizes the Mount Vernon Police Department to check the background of my driving and criminal records.