

**Rolla Police Department
Junior Cadet Program**

Application for Admittance

Name: _____ D.O.B. _____

Address: _____ City: _____, State: _____

Zip Code: _____ Telephone Number: (____) _____

Age: _____ Gender: _____ Current Grade: _____ Current School Attending: _____
(9th, 10th, 11th, 12th)

School References (Principal, Guidance Counselor or Teacher) – Please list at least two.

Parent/Guardian Name: _____ Telephone Number: _____

Parent/Guardian Address: _____ Email Address: _____

Emergency Contact Name: _____ Telephone Number: _____

Parent/Guardian Consent

(For applicants under the age of 18)

I do hereby acknowledge and give my consent for my child, _____ to participate in the Rolla Police Department Junior Cadet Program. My consent will remain in effect the entire time my child is participating in this program or until such time my consent is withdrawn.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____