# PORT JERVIS CITY POLICE DEPARTMENT

Serving with Courage, Vision and Integrity Since 1853

20 Hammond Street
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WILLIAM J. WORDEN, *Chief of Police*
JOHN FITZPATRICK, *Lieutenant*
WILLIAM VANINWEGEN, *Lieutenant*


## JUNIOR POLICE ACADEMY
## City of Port Jervis Police Department
## Juvenile Aid Division
## (845) 858-4073

## APPLICATION

Please fill out the following requested information completely. Please print all answers clearly. Any false, incomplete or illegible information may exclude the applicant from participating in this program.

| | | | |
|---|---|---|---|
| Student's Name | | | |
| Address | | | |
| Phone Number | | | |
| Date of Birth | | | |
| Height and Weight | | | |
| Tee Shirt Sizes (youth sizes) | Small | Medium | Large |
| Tee Shirt Sizes (adult sizes) | Small | Medium | Large |
| Shorts Sizes (youth sizes) | Small | Medium | Large |
| Shorts Sizes (adult sizes | Small | Medium | Large |
| Parent/Guardian Name | | | |
| Parent/Guardian Phone | Home: | Work: | Cell: |
| Emergency Contact: Name | | | |
| Emergency Contact Telephone # | | | |
| Relationship to Child | | | |
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Briefly describe your reason for wanting to participate in the Juvenile Police Academy:

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