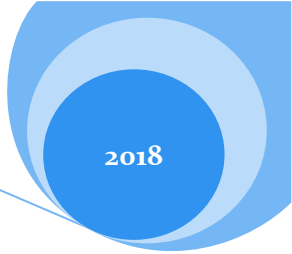


# Student Police Academy



## Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

How long have you lived at above address?

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

Provide a brief explanation why you are interested in participating in this course:

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Parent/Guardian Name(s): \_\_\_\_\_

Telephone Number: \_\_\_\_\_  
Emergency Contact Number \_\_\_\_\_ Emergency Contact Number \_\_\_\_\_

I authorize the Village of South Holland, or a reporting agency on its behalf, to conduct a background inquiry in order to verify the statements and information provided by me, including on my application, and to determine other background facts, including my teacher, criminal convictions, motor vehicle history, and any and all public records to the extent permitted by law. I authorize all employers, teachers or other persons who have knowledge of me, or my records, to release such information to the Village of South Holland. I hereby release any individual, agency, and the Village of South Holland from all claims or liabilities whatever that may arise from the disclosure of such information.

*My signature certifies that I have read, understand and agree with the above statements. The South Holland Police Department reserves the right to deny acceptance to the Academy based on the findings of the background check.*

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_