



# Columbus Police Department

# Columbus Fire Department

# Youth Academy Application



Name: \_\_\_\_\_  MALE  FEMALE  
Last First M.I.

Address: \_\_\_\_\_  
Number and St. (Apt. #) City State ZIP

Youth and Adult T-Shirt Size: \_\_\_\_\_ (S,M,L, XL) Date of Birth: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

In Case of Emergency Contact: \_\_\_\_\_  
Last First M.I.

Relationship to Applicant: \_\_\_\_\_

Emergency Phone Numbers : 1) \_\_\_\_\_ 2) \_\_\_\_\_

**Applicant, how did you learn about the Columbus Police Department Youth Academy?**

\_\_\_\_\_ I have attended a prior Youth Academy. Year? \_\_\_\_\_  
 \_\_\_\_\_ I have submitted an application, but was declined in past years.

Just a reminder, if the applicant is chosen to participate in the academy this is a "hands on," experience. Students will be participating in physical fitness training, self defense tactics, firearms safety, and many more exciting topics.

The Columbus Police and Fire Depts. will take reasonable steps to insure the safety of all participants.

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Received \_\_\_\_\_ Contacted \_\_\_\_\_

RETURN THIS APPLICATION ALONG WITH YOUR COMPLETED WAIVER FORM TO THE COLUMBUS POLICE DEPARTMENT OR MAIL TO: COLUMBUS POLICE DEPARTMENT 123 WASHINGTON ST. COLUMBUS, IN 47201. ATTN: Officer Courtney Plummer