

WESTFIELD POLICE DEPARTMENT



YOUTH LEADERSHIP AND DEVELOPMENT ACADEMY APPLICATION

PERSONAL INFORMATION

Full Name	:	<input type="text"/>			
Date of Birth	:	<input type="text"/>	Gender	:	<input type="text"/>
Address	:	<input type="text"/>			
City	:	<input type="text"/>	State	:	<input type="text"/>
Zip Code	:	<input type="text"/>	Phone Number	:	<input type="text"/>
Email Address	:	<input type="text"/>	Shirt Size	:	<input type="text"/>

CURRENT SCHOOL INFORMATION

Current Grade	Name of School	City
<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT / GUARDIAN INFORMATION

Full Name	:	<input type="text"/>			
Address	:	<input type="text"/>			
City	:	<input type="text"/>	State	:	<input type="text"/>
Zip Code	:	<input type="text"/>	Phone Number	:	<input type="text"/>
Email Address	:	<input type="text"/>			

On a separate piece of paper, please explain in 300 words or fewer why you would like to attend this academy. Please email all completed documents to:

Lieutenant Charles Hollowell

Email Address: chollowell@westfield.in.gov

I affirm that my answers are truthful and thorough, recognizing that supplying false information could result in removal from the academy if I am selected.

Date :

Applicant

Signature : _____

Date :

Parent /Guardian

Signature : _____