



KNOXVILLE POLICE DEPARTMENT STUDENT POLICE ACADEMY

APPLICATION INFORMATION

February 23, 2009

Dear Interested Applicant,

Thank you for your interest in the Knoxville Police Department's Student Police Academy. The SPA is a summer day camp offered free of charge to Knoxville area high school students. The SPA seeks to build leadership skills, a basic understanding of police activities, and positive relationships between officers and youth. Experienced officers from KPD special squads demonstrate their skills and share real world experiences with students. Hands-on activities enhance the student's experiences.

KPD Student Police Academy runs weekdays from Monday, June 15 through Friday, June 19. Applicants must be currently enrolled in high school. The Academy is limited to 30 participants.

If KPD Student Police Academy sounds like a camp for you, please complete the enclosed application. Return your application before April 3 to:

Knoxville Police Department
Safety Education Unit
c/o Jan Gangwer
P.O. Box 3610
Knoxville, TN 37927

You will be notified in writing of your application status by April 10th. If you have any questions or would like more information, please contact Jan Gangwer at 215-8624. Thank you again for your interest.

Sincerely,

Janice Gangwer
Youth Coordinator



KNOXVILLE POLICE DEPARTMENT STUDENT POLICE ACADEMY

APPLICANT INFORMATION

GENERAL INFORMATION

Name: _____
Last First M.I.

School: _____ Current grade: _____ e-address _____

Home Address: _____
Street & No. City State Zip

Home Phone: _____ Sex: M F T-Shirt Size: _____

Date of Birth: ___/___/___ Age (as of 6/15/09): _____ SSN: ___-___-___

PARENT/GUARDIAN INFORMATION

Parent/Guardian: _____ Cell Phone: _____
Home Phone: _____

Home Address: _____
(if different than above) Street & No. City State Zip

Place of Employment: _____ Work Phone: _____

Work Address: _____
Street & No. City State Zip

Emergency Contact (other than parent listed): _____

Relation to Student: _____ Home Phone: _____

Work Phone: _____ Alternate Phone: _____

ADDITIONAL INFORMATION

Special Dietary Needs (diabetic, vegetarian, etc): _____

Allergies (foods, bees, medications, etc): _____

Any condition that may require special care (asthma, seizures, diabetes, etc): _____

REFERENCE

Please have a teacher, councilor, or School Resource Officer recommend you by signing below.

I agree that this applicant would be a good candidate for the KPD Student Police Academy.

Name _____ Signature _____ date _____