



KNOXVILLE POLICE DEPARTMENT YOUTH ACADEMY

APPLICATION INFORMATION

January 1, 2010

Dear Interested Applicant,

Thank you for your interest in the Knoxville Police Department's Youth Academy. The Youth Academy is a summer day camp offered free of charge to Knoxville area middle school students. The Youth Academy seeks to build positive relationships between officers and youth through an outdoor, adventure-based learning experience. Officers and youth work together as a team in numerous outdoor activities that may include several miles of hiking, biking and climbing. The Youth Academy features a ROPES course, caving, orienteering forensic adventure, and more! Campers and staff will also participate in a community service project helping Ijams Nature Center. This is not a camp for couch potatoes!

KPD Youth Academy will be conducted from Monday, June 7 through Friday, June 11. Applicants must be currently enrolled in Middle School. The Academy is limited to 20 participants.

If KPD Youth Academy sounds like a camp for you, please complete the enclosed application. All forms must be returned by March 5th 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 March 19th. If you have any questions or would like more information, please contact Jan Gangwer at 215-8633. Thank you again for your interest. We are looking forward to another successful Youth Academy.

Sincerely,

Janice Gangwer
Youth Coordinator



KNOXVILLE POLICE DEPARTMENT YOUTH ACADEMY

APPLICANT INFORMATION

GENERAL INFORMATION

Name: _____
Last First M.I.

School: _____ Current grade: _____

Home Address: _____
Street & No. City State Zip

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

Date of Birth: ___/___/___ Age (as of 6/7/10): _____

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): _____