



# WHEELING POLICE DEPARTMENT YOUTH POLICE ACADEMY APPLICATION



Applicant's  
Name

\_\_\_\_\_

Last First M.I.

Address

\_\_\_\_\_

\_\_\_\_\_

City State Zip

Telephone

\_\_\_\_\_

Email

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

School

\_\_\_\_\_

Grade

Emergency Contact

\_\_\_\_\_

Name

Relationship

Phone #

Why do you want to attend the Wheeling Police Youth Academy?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## AUTHORIZATION FOR A BACKGROUND INVESTIGATION

As an applicant for the Wheeling Police Department Youth Police Academy, I hereby authorize the Wheeling Police Department to conduct a background investigation, including convictions, pending charges, and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Youth Police Academy. I understand that all available police and criminal records will be checked and that the information will be used in determining eligibility for applicants for the Youth Police Academy. All information is to remain confidential as required by state and federal statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date