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?

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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