Southern Pines Police Department

High School Police Academy Application

Applicant

Name (Print) Last: _____ First: _____ Middle: _____

Date of Birth: _____ Drivers License # _____ State: _____ SS#: _____

Address: _____

Home Telephone #: _____ Cell #: _____ Email: _____

School: _____ Grade: _____

Have you ever been arrested or charged with a violation of law? ☐ Yes ☐ No

Describe: _____

Character References

	Name:	Address	Telephone Number
1.			
2.			
3.			

Waiver

I agree to participate in this program or, as a parent/legal guardian, I allow my minor child to participate in this program sponsored by the Southern Pines Police Department and shall abide by all department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation and I agree to assume all risks involved in participating in the activity. I further agree to release the Southern Pines Police Department and the Town of Southern Pines, its employees, volunteers and agents from any responsibility should an accident happen. I agree to a review of my background including criminal history, if any, as a precondition of participation.

Parent/Legal Guardian Name: _____ Telephone: _____

Parent's/Legal Guardian's Signature (if participant is under 18 years old)	Date	Participant's Signature	Date

Note: Please attach photocopy of government issued identification (i.e. Driver License, Passport, etc.).

For Department Use Only

			(Describe & Attach Printouts)
Criminal History Check (CCH)	☐ No CCH	☐ CCH	
Administrative Office of the Courts (AOC)	☐ No AOC	☐ AOC Record	
OSSI-RMS	☐ No RMS	☐ RMS	
DMV	☐ No DL	☐ DL	

Review:

Recommend Approval: ☐ Yes ☐ No _____ Community Services Coordinator _____ Date

Comments: _____

Recommend Approval: ☐ Yes ☐ No _____ Operations Captain _____ Date

Comments: _____

Approval: ☐ Yes ☐ No _____ Chief of Police _____ Date

Comments: _____