

CANTON POLICE YOUTH CORPS MEMBERSHIP APPLICATION

DATE:

NAME:

LAST

FIRST

MIDDLE

ADDRESS:

NUMBER STREET

CITY

ZIP

PHONE NUMBER:

DATE OF BIRTH:

AGE:

PLACE OF BIRTH:

SOCIAL SECURITY NUMBER :

FATHER'S NAME:

PHONE NUMBER:

FATHER'S ADDRESS:

FATHER'S EMPLOYMENT:

MOTHER'S NAME:

PHONE NUMBER:

MOTHER'S ADDRESS:

MOTHER'S EMPLOYMENT:

GUARDIAN'S NAME:

PHONE NUMBER:

GUARDIAN'S ADDRESS:

GUARDIAN'S EMPLOYMENT:

PERSON TO BE CONTACTED IN THE EVENT OF AN EMERGENCY:

NAME:

PHONE:

RELATIONSHIP:

FAMILY DOCTOR:

DENTIST:

DO YOU HAVE ANY RESTRICTIONS? YES NO

IF YES,
PLEASE EXPLAIN:

IS THERE ANYTHING ELSE WE NEED TO KNOW ABOUT YOUR MEDICAL HISTORY
OR MEDICATIONS YOU TAKE THAT MAY BE IMPORTANT IN AN EMERGENCY?

CRIMINAL HISTORY:

HAVE YOU EVER HAD CONTACT WITH ANY OF THE BELOW? PLEASE ANSWER EACH.

POLICE:

JUVENILE POLICE AUTHORITY:

JUV COURT

IF YES,
PLEASE EXPLAIN:

SCHOOL INFORMATION:

SCHOOL ATTENDING:

GRADE:

ARE YOU INVOLVED IN EXTRACURRICULAR ACTIVITIES? YES: NO:
IF YES, PLEASE LIST:

ARE YOU CURRENTLY EMPLOYED? YES: NO:

CURRENT EMPLOYMENT:

DO YOU GENERALLY WORK OR HAVE ANY OTHER COMMITMENTS ON WEDNESDAY NIGHT?
YES: NO:
IF YES, PLEASE LIST IF OTHER THAN JOB ABOVE:

SOCIAL MEDIA: (PLEASE LIST ALL)

NAME:	WEB ADDRESS:

SHORT ANSWER QUESTIONS:

WHO OR WHAT INTERESTED YOU IN THE YOUTH CORPS?

WHAT DO YOU EXPECT TO GAIN BY BEING A MEMBER OF THE YOUTH CORPS?

PLEASE READ THIS STATEMENT BEFORE SIGNING BELOW:

I HEREBY CERTIFY WITH MY SIGNATURE (AND THE SIGNATURE OF A PARENT OR GUARDIAN IF I AM A MINOR) THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT IF I AM ACCEPTED AS A MEMBER, I WILL ABIDE BY ALL RULES, REGULATIONS, AND POLICIES OF THE CANTON POLICE DEPARTMENT THAT ARE APPLICABLE TO THE YOUTH CORPS. MY FAILURE TO ABIDE BY SAID AGREEMENT AND/OR FALSIFYING THIS APPLICATION WILL SUBJECT ME TO DISMISSAL FROM THE CANTON POLICE YOUTH CORPS ORGANIZATION.

SIGNATURE OF APPLICANT

DATE:

SIGNATURE OF PARENT OR GUARDIAN

DATE: