

## **WISCONSIN RAPIDS POLICE DEPARTMENT STUDENT POLICE ACADEMY**

Have you ever wondered if a career in Law Enforcement was for you? Are you curious about the day to day challenges that police officers face? Do you believe that you are capable of demonstrating sound moral the ethical decision making?

If your answers to the aforementioned question are yes, then we encourage you to apply for the Wisconsin Rapids Police Department – Student Police Academy. Listed below are the criteria for application.

### **CRITERIA**

- Junior or Senior in High School
- Passing all current classes
- Parent / Guardian approval
- School Administrator approval
- Appropriate conduct in and out of school
- Willing to participate in community service
- Willing to commit to attending all nine sessions

***Note: Any school disciplinary actions and/or police contact will be reviewed to determine eligibility.***

### **HOW TO APPLY:**

- 1) Complete the attached application (**PLEASE PRINT CLEARLY!**)
- 2) Attach a brief narrative on why you are interested in joining this academy.
- 3) Return your application and narrative to Student Services by Monday, February 9<sup>th</sup>, 2015.

### **WHATS HAPPENING & WHEN**

Monday Evenings: March 2<sup>nd</sup>, 2015 – May 4<sup>th</sup>, 2015 / 6:00 p.m. – 8:00 p.m.

SPECIAL RESPONSE TEAM DEMONSTRATION – K9 DEMONSTRATION – DEFENSE AND ARREST TACTICS – SHOOT DON'T SHOOT SCENARIO – CRIME SCENE INVESTIGATIONS – TOUR OF JAIL & DISPATCH – OWI DETECTION – COMMUNITY SERVICE – MEET OUT TEAM OF OFFICERS!!

Application on Next Page

**WISCONSIN RAPIDS POLICE DEPARTMENT**  
**STUDENT POLICE ACADEMY**  
**APPLICATION**  
**(PLEASE PRINT)**

**Student Information**

Name: First \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: Primary phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail: \_\_\_\_\_  
School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_ T-shirt Size: \_\_\_\_\_

**Family Information**

Parent/Guardian Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: Primary phone \_\_\_\_\_ Cell phone \_\_\_\_\_  
E-mail: \_\_\_\_\_

**References – Two Required**

School Employee: (teacher, counselor, etc.)

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
*Have you made this person aware that you are listing them as a reference?* \_\_\_\_\_

Community/Friend: (parents and immediate family members are not eligible as a reference)

Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_  
*Have you made this person aware that you are listing them as a reference?* \_\_\_\_\_

**Consent**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- ✓ **RETURN TO STUDENT SERVICES BY: MONDAY, FEBRUARY 9, 2015**
  - ✓ **ATTACH A BRIEF NARRATIVE ON WHY YOU ARE INTERESTED IN JOINING THE ACADEMY**

**OFFICE USE ONLY**

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School Administrator Signature: \_\_\_\_\_

Police Liaison Signature: \_\_\_\_\_

Approved: ☐ Denied: ☐