



Oak Ridge Police Department Junior Police Academy

Cadet Application Form

Select the appropriate phase. (Note: All beginning students must complete Phase One first)

ONE (JUNE 20-24) TWO (JUNE 27-JULY 1) THREE (JULY 18-22)

CADET INFORMATION

CADET'S NAME: _____
FIRST M.I. LAST

CADET'S EMAIL: _____ CELL #: _____
HOME #: _____

ADDRESS: _____
(COMPLETE) # AND STREET CITY ZIP

GENDER: M F DATE OF BIRTH: ____/____/____ AGE: ____

T-SHIRT SIZE: S M L XL XXL GRADE LEVEL NEXT YEAR: ____

BEST WAY TO BE CONTACTED: EMAIL: _____

PRINT CLEARLY – CHECK ONLY ONE TEXT: _____ PHONE CALL: _____

PARENT / GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____ CELL #: _____

EMAIL: _____ HOME #: _____ WORK #: _____

EMERGENCY CONTACT INFORMATION (OTHER THAN LISTED ABOVE)

CONTACT NAME: _____ RELATIONSHIP: _____

CELL #: _____ HOME #: _____ WORK #: _____

CONTACT NAME: _____ RELATIONSHIP: _____

CELL #: _____ HOME #: _____ WORK #: _____

MEDICAL INFORMATION

PHYSICIAN: _____ PHONE #: _____

INSURANCE CO.: _____ POLICY HOLDER: _____ POLICY #: _____

KNOWN ALLERGIES (FOOD / MEDICATION): _____

CURRENT MEDICATIONS: _____

PHYSICAL HANDICAPS: _____ HEALTH ISSUES: _____