



**BURLINGTON POLICE DEPARTMENT**

Antonio B. Pomerleau Building  
One North Avenue  
Burlington, Vermont 05401

Brandon del Pozo  
Chief of Police

Phone (802) 658-2704  
Fax (802) 865-7579  
TTY/TDD (802) 658-2700

**APPLICATION FOR JUNIOR COMMUNITY POLICE ACADEMY**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail Address (parent or guardian): \_\_\_\_\_

School : \_\_\_\_\_ Parents Names: \_\_\_\_\_

Do you live in Burlington? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you first hear about the Community Police Academy and why do you want to attend?

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\_\_\_\_\_ (continue on back if necessary)

- The Burlington Police Department will review all Junior Community Police Academy applications for acceptance into the class.
- There is a maximum of 15 participants, which will be chosen at a first come first serve basis. This program is for Burlington residents only.
- Photographs may be taken throughout the academy and may be used for promotional purposes by the department, as well as posted on the department's website. First names only may be used in any publicity. Any parent who would like their child excluded from photos or publicity is welcome to make that request and it will be honored.

I, \_\_\_\_\_ (Parent/Guardian name printed) give permission for my child  
\_\_\_\_\_ (child's name) to attend the 2017 Junior Community Police Academy  
located at the Burlington Police Department. My child will be accompanied at all times by at least one of  
the following people:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Signature below acknowledges my understanding and agreement with material provided.

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

Parent/Guardian Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Or

I, \_\_\_\_\_ (Parent/Guardian name printed) give permission for my child  
\_\_\_\_\_ (child's name) to attend the 2017 Junior Community Police Academy  
located at the Burlington Police Department. I also give permission for my child to attend the Academy  
without parent/guardian supervision, including arriving and leaving at the Burlington Police Department  
on their own.

Signature below acknowledges my understanding and agreement with material provided.

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

Parent/Guardian Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Please return this completed application to:

Kevin Wilson, Training Coordinator - BPD  
(802) 540-2263(voice), (802) 865-7579(fax)  
[kwilson@bpdvt.org](mailto:kwilson@bpdvt.org)