



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?

(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 2016 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 2016 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:

Kimberly Caron, Executive Assistant - BPD
(802) 540-2107 (voice) (802) 864-5945 (fax)
kcaron@bpdvt.org