



## BUCKHANNON POLICE DEPARTMENT

**YOUTH ACADEMY APPLICATION (July 13<sup>th</sup> – July 17<sup>th</sup>) - (8:00AM-12:00PM) –  
(Rising 6<sup>th</sup> grade – 12<sup>th</sup> grade) \* ONLY ACCEPTING 40 APPLICATIONS \***

*24 S. Florida St. – Buckhannon, WV 26201*

*Phone – (304) 472-5723*

*www.buckhannopolice.com*

**DEADLINE JUNE 1<sup>ST</sup>, 2026  
RETURN APPLICATION TO THE POLICE DEPARTMENT!**

**Please print clearly in ink or type all answers. If more space is needed, use additional sheet of paper.**

Last Name

First Name

Full Middle Name

DOB: \_\_\_\_\_

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

Grade Level: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #: \_\_\_\_\_

Cell #: \_\_\_\_\_

**T- Shirt Size (Circle One)**

(Youth S)

(Youth M)

(Youth L)

(Youth XL)

(Adult S)

(Adult M)

(Adult L)

(Adult XL)

(Adult XXL)

**Below please list the Applicant's Parent/ Guardian**1) \_\_\_\_\_  
Last Name      First Name      Full Middle Name      (Relationship to Applicant)

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

If unable to reach a parent or guardian, in case of emergency please notify:

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

Phone#: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

**Please answer YES or NO to the following questions and provide explanation where needed:**

1. Does your child have any special needs that require accommodations in order for them to participate in this Youth Academy?      Yes or      NO

If yes,

Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_**(Continue to next page)**

2. Does your child know of any police officer?      **Yes** or      **No**

If yes,

Explain: \_\_\_\_\_

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3. Is your child interested in a Law Enforcement Career?      **Yes** or      **NO**

If yes,

Explain: \_\_\_\_\_

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4. Please state why you are interested in attending the Buckhannon Police Youth Academy?  
NOTE: PLEASE ANSWER QUESTION WITH DETAIL!

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5. Please list community involved activities, any associations, or organizations in which your child participates in:

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**(Continue to next page)**

6. Does your child have any allergies and or food allergies? **Yes** or **No**  
Please Explain: \_\_\_\_\_

Does your child carry emergency medication (e.g., EpiPen, Inhaler)?  
If so state: \_\_\_\_\_

#### Media Release

**Yes** or **No**

I give permission for photos and videos of my child participating in the youth academy to be posted on social media.

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*As a participant in the Buckhannon Police Department Youth Academy, I acknowledge that I will participate in all activities to the best of my abilities. Failure to conform to this may result in my removal from the program, at which time a parent or guardian will be contacted. By signing below you are giving your child permission to attend the Youth Academy. This includes but is not limited to traveling/ walking to City Hall, Fire Department, and Upshur Communications Center.*

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\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Parent/ Guardian**

\_\_\_\_\_  
**Date**