



BUCKHANNON POLICE DEPARTMENT

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

24 S. Florida St. – Buckhannon, WV 26201

Phone – (304) 472-5723

www.buckhannonpolice.com

**DEADLINE JUNE 1ST, 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: _____

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

If yes,

Explain: _____

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

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

(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.

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.

Signature of Applicant

Date

Signature of Parent/ Guardian

Date