

SCHOOL INFORMATION:

SCHOOL ATTENDING: _____ GRADE: _____
MAJOR FIELD OF STUDY: _____
ARE YOU INVOLVED IN EXTRACURRICULAR ACTIVITIES? YES: _____ NO: _____
IF YES, PLEASE LIST: _____

CURRENT EMPLOYMENT:

ARE YOU CURRENTLY EMPLOYED? YES: _____ NO: _____ IF SO WHERE? _____
DO YOU GENERALLY WORK OR HAVE ANY OTHER COMMITMENTS ON WEDNESDAY NIGHT?
YES: _____ NO: _____
IF YES, PLEASE LIST IF OTHER THAN JOB ABOVE: _____

PERSONAL REFERENCES: (PLEASE LIST THREE)

NAME: _____ ADDRESS: _____
PHONE: _____ OCCUPATION: _____ RELATIONSHIP: _____
NAME: _____ ADDRESS: _____
PHONE: _____ OCCUPATION: _____ RELATIONSHIP: _____
NAME: _____ ADDRESS: _____
PHONE: _____ OCCUPATION: _____ RELATIONSHIP: _____

SHORT ANSWER QUESTIONS:

WHO OR WHAT INTERESTED YOU IN THE YOUTH CORPS? _____

WHAT DO YOU EXPECT TO GAIN BY BEING A MEMBER OF THE YOUTH CORPS? _____

PLEASE READ THIS STATEMENT BEFORE SIGNING BELOW:

I HEREBY CERTIFY WITH MY SIGNATURE (AND THE SIGNATURE OF A PARENT OR GUARDIAN IF I AM A MINOR) THAT ALL OF THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND THAT IF I AM ACCEPTED AS A MEMBER, I WILL ABIDE BY ALL RULES, REGULATIONS, AND POLICIES OF THE CANTON POLICE DEPARTMENT THAT ARE APPLICABLE TO THE YOUTH CORPS. MY FAILURE TO ABIDE BY SAID AGREEMENT AND/OR FALSIFYING THIS APPLICATION WILL SUBJECT ME TO DISMISSAL FROM THE CANTON POLICE YOUTH CORPS ORGANIZATION.

SIGNATURE OF APPLICANT DATE: ____/____/____

SIGNATURE OF PARENT OR GUARDIAN DATE: ____/____/____