



# 2022 Teen Police Academy

## Enrollment Application

### Applicant Information

Full Name: \_\_\_\_\_  
*First Last M.I.*

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

\_\_\_\_\_ *Telephone numbers (landlines and mobile/cellular) E-mail address*

\_\_\_\_\_ *Date of Birth and city, state Driver's License or ID # and state*

School: \_\_\_\_\_

Name of Guardian(s): \_\_\_\_\_

Address of Guardian(s) (if different from teen): \_\_\_\_\_

Phone Number of Guardian(s): \_\_\_\_\_

Do you have any past arrests, convictions, or pending court cases? YES NO

Have you ever been convicted of a felony? YES NO

If yes to any of the above, please list the date, agency, charge, & disposition (if you need more room, please attach separate page):

\_\_\_\_\_

**Current or Previous Employment (if any)**

Company: \_\_\_\_\_ Occupation: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

**Community Groups or Activities you are currently or have been involved**

\_\_\_\_\_  
\_\_\_\_\_

**How did you learn about the Teen Police Academy?**

\_\_\_\_\_  
\_\_\_\_\_

**Explain why you wish to be accepted into the Teen Police Academy?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

**FOR PARTICIPANTS UNDER THE AGE OF 18, PLEASE HAVE A LEGAL GUARDIAN ALSO SIGN AND INITIAL THE FOLLOWING INFORMATION.**

I, \_\_\_\_\_, authorize the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and their respective agents, employees, officials, and representatives to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies to conduct a criminal history check. I hereby release the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, and all of their agents, employees, officials, and representatives from any liability, loss, harm, or damage that may arise out of the background investigation and recommendation, including any liability, loss, harm, or damage arising from a negative recommendation based upon erroneous information. I understand that my submitted application does not guarantee acceptance into the academy.

I understand that this program will involve active physical participation, which includes a potential risk of personal injury and/or personal property damage. I make this request with full knowledge of the

possibility of personal injury and/or personal property damage. Further, I have read and understand the program outline that describes all class sections and the associated activities (including, but not limited to Live-Fire Weapons Exercise, Virtual Training Exercise, Taser Exercise and transportation to and from the tour).

I agree to hold the King County Sheriff's Office, Burien Police Department, SeaTac Police Department, Washington State Criminal Justice Training Commission, City of Burien, City of SeaTac, and their agents, employees, officials, and representatives harmless from any and all actions, claims, damages, lawsuits, losses, and/or injury that I may suffer and which may arise as a result of my intelligent, knowing, and voluntary participation in the above-mentioned class.

I agree to follow the rules established by the instructors, and to exercise reasonable care while participating in the Teen Police Academy. I understand that if I fail to follow the instructor's rules and regulations or if I fail to exercise reasonable care, I can be administratively removed from the program.

Please initial the boxes below agreeing to the additional terms:

I understand that application materials, to include this document, may be considered a public record and portions or all of the application may be released upon a public disclosure request.

I understand that I may be photographed or videoed by the news media or the agents, employees, and representatives during this program. These pictures or videos may be used for news release and informational promotions.

By executing this release, I certify that I have read this release in its entirety, understand all of its terms and have had any questions regarding the release or its effect satisfactory answered. I sign this release freely, intelligently, knowingly, and voluntarily.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2022

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Guardian Signature

Return the completed application to:

Burien Police Department  
CSO Michiko Wilson  
14905 6<sup>th</sup> Ave SW, Burien, WA 98166  
[Michiko.Wilson@kingcounty.gov](mailto:Michiko.Wilson@kingcounty.gov)

or

SeaTac Police Department  
CSO Regina Burke  
4800 S 188<sup>th</sup> St, SeaTac, WA 98188  
[Rburke@kingcounty.gov](mailto:Rburke@kingcounty.gov)