



ALEXANDRIA POLICE DEPARTMENT

3600 Wheeler Avenue Alexandria, Virginia 22304



TEEN LAW ENFORCEMENT ACADEMY APPLICATION

Participant Name	
Date of Birth	/ / Age:
Address	
City, State Zip	
Home Phone Number	() Cell # ()
School Attending	Grade:
Parent / Guardian Name	
Address (if different)	
City, State Zip	
Home Phone Number	() Work # ()
Emergency Contact	
Telephone Number	()

PARTICIPANT: Attach a 3-5 paragraph explanation of why you want to attend the TLEA to this application. (Applications submitted without this completed will be disregarded.)

Applications are to be submitted to Dylan.Ignacio@alexandriava.gov no later than **Monday, July 17, 2019.**

AS A STUDENT OF THE ACADEMY YOU WILL BE ALLOWED ACCESS TO SENSITIVE AREAS WITHIN THE POLICE DEPARTMENT. A REVIEW OF ANY CRIMINAL RECORDS WILL BE CONDUCTED.

I, _____ understand that this training will not authorize me to carry a firearm or exercise any law enforcement powers granted by the THE CITY OF ALEXANDRIA, VIRGINIA. I also agree to allow photos/ videos to be taken of me and be posted on social media as well as be used for the promotion of the academy.

Signature: _____ Date: _____
(Applicant)

Signature: _____ Date: _____
(Parent/ Guardian if not 18)

For questions related to the academy, please email the above address or call/text 703-859-4594.