



# KENT POLICE DEPARTMENT TEEN ACADEMY APPLICATION



CLASSES HELD

# JUNE 22-25

## 9 A.M. - 5 P.M.

### Intro to Kent Police and a Law Enforcement Career

For students that will be Sophomores, Juniors, and Seniors during the 2026-2027 school year, and 2026 Graduates.

### WHAT ARE WE GOING TO DO?

Over the 4 days, our officers will take you through a case from start to finish! In order to go through the process of report writing, interviewing, evidence collection and more, you will learn about:

- Patrol procedures
- Report writing
- Mock Scenes
- Combat First Aide
- Interviewing
- Evidence collection
- Specific units: SWAT, K9, Traffic, Drones, Narcotics, Detectives, Legal
- Use of Force
- Physical fitness

### THE FOLLOWING ARE REQUIRED:

- Completed application packet. Due May 22, 2026
- Signed Participant Rules
- Release agreement—signed by parent/guardian
- Copy of driver's license ID for background check
- Participation in physical fitness program
- Attendance all 4 days
- Letter of interest – 100 words or less on why you want to attend the Kent Police Department Teen Academy (*print or type*)
- One recommendation from school counselor, administrator, teacher or coach (*use included form*)
- Transportation to/from academy
- Please check here if you need help with transportation

Classes held at the **Kent Police and Fire Training Center**  
24523 116th Ave. SE, Kent, 98030  
**Keep this page**

For any questions contact:  
Stacy Judd, *Community Education Coordinator*  
**253-856-5883** or **sjudd@KentWA.gov**

**PLEASE COMPLETE THIS FORM AND OTHER REQUIRED MATERIALS,  
AND RETURN IT TO THE KENT POLICE DEPARTMENT TEEN ACADEMY BY MAY 22, 2026.**  
ATTN: Stacy Judd • 220 4th Ave S. • Kent, WA 98032 or scan and email to [sjudd@KentWA.gov](mailto:sjudd@KentWA.gov)

**City of Kent Police Department Teen Academy Application 2026**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_  M /  F

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email Address of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ School Attending: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

Emergency Contact, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

How did you hear about the Academy? \_\_\_\_\_

Shirt size\*:  Small  Medium  Large  XL  2XL  3XL

Dietary restrictions? \_\_\_\_\_

I certify that the information in this application is correct to the best of my knowledge: \_\_\_\_\_

*\*Water, T-shirts, lunch and Academy materials will be provided.*



# PARTICIPANT RULES

## PLEASE READ CAREFULLY

1. Each participant must complete an application and have a parent/guardian sign the parental permission authorization below.
2. Except for sickness, emergencies and pre-approved absences, participants should not be absent from any of the training sessions. Absences from more than two sessions may prevent a participant from graduating.
3. Participants are expected to dress in appropriate attire. No shorts or tank tops are permitted. Jeans are permitted as long as they are clean, have no holes, cuts, etc. T-shirts are permitted as long as they are clean, no holes, tears, cuts and if they are imprinted, the imprint must be in good taste. Any t-shirt with foul language, in poor shape or is offensive in any manner will not be allowed. The instructors reserve the right to request the student leave the classroom. The student may change and return that day if possible.
4. Participants shall not be armed at any time during the academy. This includes pepper spray, handguns, knives, pocketknives, any item which can be construed as a weapon. Any violation of this rule could result in immediate dismissal from the academy.
5. Participants shall be polite and respectful of all instructors, police officers, other adults and students during class.
6. It is important that class start on time and there are as few disruptions as possible. Participants are expected to arrive on time.
7. Gang symbols, paraphernalia (such as bandanas, beads, etc.) will not be tolerated. Displaying gang signs or symbols will result in the student being asked to immediately leave the program.

Failure to follow these rules may result in your removal from the program.

I certify that I understand the requirements of participating in this program.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List your name as you wish it to appear on your certificate:

  

---

*Please print*

For any questions contact:  
Stacy Judd, Community Education Coordinator  
253-856-5883 or [sjudd@KentWA.gov](mailto:sjudd@KentWA.gov)



# ONCE COMPLETE, PLEASE RETURN TO STUDENT IN A SEALED ENVELOPE.

## City of Kent Police Department Teen Academy Application 2026

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

How long have you known him/her? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Please rate the student on a scale of 1-5 (1=Needs development 5=Excellent)

### Applicant:

- |  |                          |                          |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Demonstrates Commitment                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Follows through on projects                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Gets along well with others                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Expresses creativity                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has good communication skills              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Collaborates to find solutions to problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For any questions contact:  
Stacy Judd, Community Education Coordinator  
253-856-5883 or [sjudd@KentWA.gov](mailto:sjudd@KentWA.gov)

# PARTICIPANT / PARENT WAIVER

Please identify any medical conditions which those administering the Academy should be aware of:

## EMERGENCY CONTACT - **A**

First/Last Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT - **B**

First/Last Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

## EMERGENCY CONTACT - **C**

First/Last Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

The Participant and their Parent(s) signing below acknowledge acceptance of the inherent risk involved in the activities undertaken during this training program sponsored by the City of Kent, Washington and its Police Department. In addition to acknowledging inherent risk, the Participant also agrees to defend, indemnify and hold the City, its officers, officials, employees and volunteers harmless from any and all claims, injuries, damages, losses or suits including attorney fees, arising out of or in connection with this activity, except for injuries and damages caused by the sole negligence of the City. I give permission for my child/myself to be photographed and/or videotaped by the City of Kent and public media, unless a separate request not to be photographed is submitted. I understand that the photograph/video will be used to promote the Teen Police Academy and I give permission for that use.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



For any questions contact:  
Stacy Judd, Community Education Coordinator  
253-856-5883 or [sjudd@KentWA.gov](mailto:sjudd@KentWA.gov)