



2026 APPLICATION MARYVILLE POLICE DEPARTMENT YOUTH POLICE ACADEMY

Applicant Requirements

- This program is intended primarily for students with an interest in a law enforcement career.
- Applicants must be current students of the Maryville City School District.
- Applicants must be between the ages of 13 and 17 years old to attend this class.
- Applicants must have a method of transportation to get to and from the Maryville Police Department (418 W. Broadway Avenue, Maryville, TN) and be available to attend ALL days of the program.
- Parental Approval is required

Applications will be evaluated for acceptance based on the essay response.

SECTION 1: Student Applicant Information

First Name: _____

Last Name: _____

Address: _____

Phone Number: _____

Email: _____

Gender: M ___ / F ___

Date of Birth: ___ / ___ / _____

School: _____

Grade: _____

Shirt size: _____

Shorts size: _____

SECTION 2: Applicant Essay Prompt

Please briefly explain why you believe you would be a good candidate for the Maryville Police Department's Youth Police Academy program and, if selected, what you hope to learn from the experience.

SECTION 3: Parent/Guardian Information

Name: _____

Relationship to student: _____

Phone Number: _____

Address: _____

Emergency Contact – Name: _____

Emergency Contact – Phone: _____

Are there any custody orders/restrictions regarding custody with your child?

Other individuals authorized to pick up your child:

Please list any allergies, medical conditions, or prescription medications for your child:

Does your child have any physical restrictions we need to be aware of?

SECTION 4: Parent/Guardian Acknowledgements

By signing this document, you agree with all statements below:

1. I authorize the Maryville Police Department to transport my child to and from activities for the Youth Police Academy.
2. In case of sudden illness, injury, or serious medical emergency, if a parent/guardian cannot be reached, I authorize the Maryville Police Department to take appropriate action in seeking medical attention.

3. I understand any student can be dismissed from the Youth Police Academy for any disruptive, inappropriate behavior.
 4. I authorize the Maryville Police Department to take videos and/or photographs of my child for the use of further promoting the programs of the Maryville Police Department.
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Signatures

Signature of Student Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Submission Instructions

After completing this application, please email a copy to Officer Kayla Howard at klhoward@maryville-tn.gov

OR print and mail to the following address:

Attention: Ofc. Kayla Howard
Maryville Police Department
418 W. Broadway Ave
Maryville, TN 37801