



# Webster Police Department

357 Main Street, Webster, MA 01570  
Phone: 508-943-1212 • Fax: 508-949-3898  
[www.websterpolice.com](http://www.websterpolice.com)

*Community Committed*

Timothy J. Bent  
Chief of Police



Deputy Chief Michael D. Shaw  
Lieutenant Tobby M. Wheeler

## *Webster Police Department JUNIOR POLICE ACADEMY APPLICATION*

NAME: \_\_\_\_\_  
(LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_ (MIDDLE INITIAL) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SEX: \_\_\_\_\_ PHONE: \_\_\_\_\_

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(PARENT OR GUARDIAN'S NAME, CONTACT NUMBER)

APPLICANT'S SIGNATURE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

TEE-SHIRT SIZE: SMALL \_\_\_\_\_ MEDIUM \_\_\_\_\_ LARGE \_\_\_\_\_ X LARGE \_\_\_\_\_

From the shores of  
*Lake Chargoggagoggmanchauggagoggchaubunagungamaugg*



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## MEDICAL INFORMATION:

APPLICANT'S MEDICAL CONDITIONS: \_\_\_\_\_

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MEDICATION: \_\_\_\_\_

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BY UNDERSIGNING I AUTHORIZE THE WEBSTER POLICE DEPARTMENT TO CONDUCT A CRIMINAL BACKGROUND CHECK ON MY SON/DAUGHTER. I ACKNOWLEDGE THAT INFORMATION CONTAINED IN SUCH CHECK COULD MEAN DISQUALIFICATION FROM ADMITTANCE TO THIS PROGRAM.

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PARENT/GUARDIAN SIGNATURE

BY UNDERSIGNING I AUTHORIZE THE WEBSTER POLICE DEPARTMENT TO PHOTOGRAPH AND OR VIDEOTAPE MY SON/DAUGHTER AND I ACKNOWLEDGE THAT THESE PHOTOGRAPHS MAY PUBLISHED IN PRINT(NEWSPAPER) OR POSTED ON THE DEPARTMENT WEB PAGE.

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PARENT/GUARDIAN SIGNATURE

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*Lake Chargoggagoggmanchauggagoggchaubunagungamaugg*