



Michael D. Shaw  
Chief of Police

# Webster Police Department

357 Main Street, Webster, MA 01570  
Phone: 508-943-1212 • Fax: 508-949-3898  
www.websterpolice.com



Deputy Chief Tobby M. Wheeler  
Lieutenant Gordon D. Wentworth, Jr.

*Community Committed*

## Webster Police Department JUNIOR POLICE ACADEMY APPLICATION

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

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

DATE OF BIRTH: MONTH: \_\_\_\_\_ / DAY: \_\_\_\_\_ / YEAR: \_\_\_\_\_

GENDER: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
(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 Chargoggagogmanchauggagoggchaubunagungamaugg*

**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 AND/OR FACEBOOK PAGE.**

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PARENT/GUARDIAN SIGNATURE