

# 2026 POLICE YOUTH LIVE-IN CAMP

May 30-June 5

## Application

ONLY APPLICATIONS ACCOMPANIED BY A RECOMMENDATION FORM WILL BE ACCEPTED

**Application Deadline is April 30, 2026**

PLEASE PRINT

Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current Age: \_\_\_\_\_ Male ☐ Female ☐ Race: \_\_\_\_\_

School Attending: \_\_\_\_\_ Allergies: \_\_\_\_\_

School Phone Number: \_\_\_\_\_ Counselor/Teacher Name: \_\_\_\_\_

### Authorization for Records Check:

This is to authorize the Little Rock or appropriate school district/system to review and release the records of: \_\_\_\_\_ (Please PRINT child's name), for the purpose of admission to the Police Youth Live In program. Pursuant to this application, I understand that this information will be used for the limited purpose of helping to determine the admissibility of your child to this program. Such information will be kept confidential and used for above mentioned limited purposes only.

Signature of Parent/Guardian: \_\_\_\_\_

Please Print the Signature Name Below: \_\_\_\_\_

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

### Health Information:

List any medication the applicant takes and for what condition: \_\_\_\_\_

Does the applicant have any limitation in physical activities? If so, please explain: \_\_\_\_\_

**PLEASE SECURE YOUR SPACE BY DROPPING OFF YOUR APPLICATION AT THE Northwest Substation (10001 Kanis Road) OR EMAILING TO BGUNN@LITTLE ROCK.GOV OR JXSIMS@LITTLE ROCK.GOV**

## 2026 POLICE YOUTH LIVE IN -- LITTLE ROCK

**All recommendations must be completed by a LRPD Officer/Employee, Teacher, School Counselor, or School Principal**

Briefly tell us about this young person. How can this youngster benefit from participating in this camp experience? Are there any family/other situations that would be helpful information to the counselors who will be working with this child? Please describe the young person's behavior. All information is confidential. Race and gender help ensure diversity in room and group assignments. We would also appreciate your verifying the young person's age.

NAME OF CHILD

**RACE** \_\_\_\_\_ **GENDER** \_\_\_\_\_ **VERIFIED AGE** \_\_\_\_\_

Signature of Recruiter [NOT A PARENT]

### Print Your Name

**Phone**

Date \_\_\_\_\_

**DO NOT COPY**