

**THE AMERICAN LEGION
DEPARTMENT OF VIRGINIA, INC.
1708 COMMONWEALTH AVENUE
RICHMOND, VIRGINIA 23230
(804) 353-6606**

**THE AMERICAN LEGION
YOUTH CADET LAW ENFORCEMENT PROGRAM**

Application / Registration Form

American Legion District No. _____ Date of Application _____

Name _____ (____) _____
(Please Type) Last Name First Middle Parent/Guardian Phone

Address _____

Parent's Name _____
Address _____

Age _____ Male _____ Female _____ Grade Completed (____) _____
(By mid-June Current Year) **School Principal Signature**

High School _____ Sponsored By _____

Sponsor's Address _____
Street City

Submitted by American Legion Post No. _____ Location _____

Signed _____
Authorized Legion Representative

Attach Biography to Original
Attach Photocopy of Driver's License to Original

Original to American Legion Department Headquarters
Keep a Copy for your Post Records

Check () If Alternate

BIOGRAPHY

NAME: _____

HIGH SCHOOL: _____

ADDRESS: _____

CITY/TOWN: _____, VA ZIP CODE _____

GRADE: _____ CLASS OF _____ CLASS RANK IF KNOWN _____

SCHOLASTIC GRADE AVERAGE: (CIRCLE ONE) A B C D

EXTRACURRICULAR ACTIVITIES:

ATHLETICS:

CLUBS:

CAREER INTEREST:

WHY DO YOU WANT TO BE A VIRGINIA STATE POLICE – AMERICAN LEGION YOUTH LAW ENFORCEMENT CADET?