



MYRTLE BEACH POLICE DEPARTMENT

Guardian Academy Application Form



1101 Oak Street
Myrtle Beach, SC 29577
843-918-1806 (office)
843-918-1833 (fax)

**Please print or type all answers. If more space is needed,
use an additional sheet of paper.**

Legal Name (Last/First/Middle): _____

Preferred Name on Class Documents: _____

Street Address: _____

City, State, & Zip Code: _____

Phone #: _____ E-Mail _____

Date of Birth (mm/dd/yyyy): _____ SSN: (**Last Four #'s ONLY**) _____

GENDER: MALE FEMALE Race: _____

I LIVE WITHIN THE CITY LIMITS OF MYRTLE BEACH. YES NO

EMPLOYMENT

Employer: _____

Job Title: _____

Business Address: _____

I WORK WITHIN THE CITY LIMITS OF MYRTLE BEACH. YES NO

EDUCATION

HIGH SCHOOL: _____ City: _____

College: _____ City: _____

College Degree: Yes No If yes, please provide your major. _____

CRIMINAL HISTORY

Have you ever been convicted of a crime? (Excluding traffic)

Yes No If yes, please provide information, such as date of arrest, charge, and disposition of case.

QUESTIONNAIRE

1. WHAT IS YOUR GUARDIAN ROLE PERTAINING TO THE CARE, CONTROL, OR CUSTODY OF A CHILD?

2. WHY DO YOU DESIRE TO PARTICIPATE IN THIS PROGRAM?

3. HOW DO YOU THINK THE COMMUNITY, AND THE POLICE DEPARTMENT MAY BENEFIT FROM YOUR PARTICIPATION IN THE PROGRAM?

4. WHAT DO YOU EXPECT TO LEARN FROM THIS EXPERIENCE?

Commitment to Attendance

The Guardian Academy is a four-week program, which meets on three (3) Monday and one (1) Tuesday evenings from 6:00pm-8:00pm. Attendance is the most important factor in reaching the desired goal of the program. Therefore, attendance is encouraged for all four weeks.

Signature of Acknowledgement

The City of Myrtle Beach is an **Equal Opportunity Employer** and applies those same principles to selection of participants in the Guardian Academy. Selection is done without regard to race, religion, color, national origin, sex, age, political affiliation or disability.

ADA Notice: The City of Myrtle Beach will not discriminate against qualified individuals on the basis of disability in its services, programs or activities. The city will make all reasonable modifications to policies and programs to ensure that people with disabilities have an equal opportunity to enjoy its programs, services, and activities. Call 843-918-1806 for more information.

I certify that all statements made on this application are true and complete. I understand that I may be rejected for submitting incomplete or false information. I hereby authorize employees of the Myrtle Beach Police Department to make an examination of the above information for the purpose of evaluating my application.

TYPE IN NAME AS YOUR ELECTRONIC SIGNATURE _____ DATE _____

IMPORTANT: Class size is limited. Residents and citizens who live and/or work within the city limits of Myrtle Beach are given first priority