



Candidate Recommendation Form

All applicants for the Dothan Junior Police Academy must submit this form completed by a teacher, advisor, or non-family member over 21. *Those recommending the Junior Police Candidate must include their name, position/title, phone number, and email address.*

INSTRUCTIONS FOR THOSE SUBMITTING RECOMMENDATIONS

The Selection Committee is aware of the time necessary to complete this recommendation and greatly appreciates your help. Please make sure the Candidate has an interest in the function of the police department or in a career in law enforcement. These youth will be exposed to a variety of information not suitable for all teens.

CANDIDATE NAME _____

Please rate the student in the following areas using the scale below:

5-Superior 4-Above Average 3-Average 2-Below Average 1-Well Below Average

___ Dependability ___ Maturity ___ Interest in community affairs

___ Responsibility ___ Concern for others ___ Ability to follow directions

___ Leadership ___ Conduct ___ Ability to work with others

Additional comments regarding consideration:

Reference Name _____ Title _____

Email _____ Phone Number _____