



2026 LIVONIA POLICE YOUTH LEADERSHIP ACADEMY

The Livonia Police Leadership Academy is a new program for students aged 15-18 years old who live in Livonia and/or attend school in Livonia. This program provides students with hands-on training and classroom instruction to learn the day to day functions of a police officer. Students will explore the various functions of the police department, including the Detective Bureau, Crime Scene Unit, Mobile Field Force, Honor Guard, SWAT, and K-9 demonstrations. Additionally, students will develop essential leadership skills and receive certification in First Aid and CPR. By providing a well-rounded experience, the Livonia Police Leadership Academy will empower young individuals to become informed, capable, and responsible community leaders.

Applicant Requirements - The Academy is open to students who are at least 15 years old and live in the City of Livonia or attend a Livonia School. Applicants must submit an essay with the application (see instructions below). All applicants must consent to a background check.

Physical Examination - Each applicant is required to provide proof of a physical examination by the first day of the Leadership Academy on July 20, 2026.

Essay Instructions - Students who apply for the Livonia Police Leadership Program must provide a typed or handwritten essay expressing their interest in the program. Essays should be 500 words and express the following: (1) why the student is passionate about attending the Youth Leadership Academy; (2) what the student hopes to gain / learn from the program (3) what interests does the student have in law enforcement.

Attire/What to Bring - Students will be provided 2 t-shirts and 2 pairs of shorts that must be worn daily. Students should also wear athletic shoes that will allow them to participate in physical fitness

Lunch/Drinks - Lunch / snacks / water will be provided daily by the Livonia Police Department. Students may still choose to bring a lunch.

Commitment - For the program to be successful both individually and overall, each student is required to attend all five (5) days of the program.

HOW TO APPLY

Late or incomplete applications will not be accepted. Please ensure a valid email address is provided on your application.

Applications can be dropped off at the Livonia Police Department located at 15050 Farmington Rd., Livonia, MI 48154 or be submitted through **EMAIL** to youthleadershipacademy@livoniapd.com. If you have any questions, please reach out to us via email or contact Sgt. Ryan Hayne at 734-466-2318.

All applications must be received no later than Monday, June 15, 2026



**2026 LIVONIA POLICE YOUTH LEADERSHIP ACADEMY
APPLICATION FOR PARTICIPATION**

Please type or print legibly.

Applicant Name: _____

Mailing Address: _____

Date of Birth: _____ **Age:** _____ **Gender:** M F

Email Address: _____ **Cell Phone:** _____

Drivers License #: _____ **Adult Shirt Size:** SM MD LG XL _____

Adult Short Size: SM MD LG XL _____

School: _____ **Grade (current):** 9TH 10TH 11TH 12TH

How did you find out about the Youth Academy? _____

Please list all organizations or clubs you belong to: _____

Are you able to participate in physical fitness? No Yes
If no, please specify: _____

Will you be able to attend the full week of the academy? No Yes
If no, please explain: _____

Will you have had a physical examination completed by the first day of the Academy? No Yes
If no, please explain: _____

Have you ever been suspended or expelled from school? No Yes
If yes, please specify: _____

Have you ever been charged and/or arrested for a crime? No Yes
If yes, please specify: _____



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PARENT/GUARDIAN INFORMATION:

1. Parent/Guardian Name: _____ Cell Phone: _____
 Alternate Phone: _____ Email Address: _____
2. Parent/Guardian Name: _____ Cell Phone: _____
 Alternate Phone: _____ Email Address: _____

EMERGENCY CONTACT: – *To be notified only if parent(s)/guardian(s) cannot be reached.*

Name: _____ Relationship to Applicant: _____
 Address: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____

MEDICAL INSURANCE:

Provider: _____ GROUP #: _____ SUBSCRIBER ID: _____

SCHOOL REFERENCE: – *Please provide a teacher or school administrator who would recommend your for the program:*

Name: _____ Position: _____
 School: _____
 Phone Number: _____ Email Address: _____

APPLICANT AND PARENT/GUARDIAN MUST READ AND INITIAL EACH STATEMENT BELOW.

	<i>Applicant</i>	<i>Parent/ Guardian</i>
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Criminal Background Check: I agree for the Livonia Police Department to conduct a criminal background check. I understand the background investigation that may include, but not limited to, criminal history, school history and references. I understand that the Livonia Police Department has a right to refuse an applicant for any reason.

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Photo/Media: I understand and consent to photos and/or videos taken during the Youth Leadership Academy to be used by the Livonia Police Department for marketing material, publications, and on social media outlets.

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Recruit Code of Conduct: In order to maintain a safe and peaceful camp environment we require parents and recruits to read and understand the importance of abiding by the following code of conduct:

- I will follow the recruit schedule.
- I will respect instructors & other recruits by not using foul language, name calling or fighting.
- I will follow all safety rules set forth by the academy staff.

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RELEASE AND HOLD HARMLESS AGREEMENT

On _____, this Release and Hold Harmless Agreement (“Agreement”) is entered between the City of Livonia, a Michigan municipal corporation, whose address is 33000 Civic Center Drive, Livonia, Michigan 48154 and _____ (“Participant”), whose address is _____.

In consideration of the permission granted to me by the City of Livonia, Michigan, to participate in the Livonia Police Youth Leadership Academy, I, as a the parent of the participant (“Participant”) in the Youth Leadership Academy, hereby execute this Agreement and release the City of Livonia, Michigan, its agents, servants, employees, officers, officials, directors, insurers, successors, assigns and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against the City of Livonia, Michigan and other above-described parties, for all personal injuries known or unknown which my child may suffer because of his/her participation in the Livonia Police Youth Leadership Academy. I acknowledge that the Youth Leadership Academy’s activities may include, but are not limited to, shadowing police officers, riding in patrol cars, and participating in physical fitness. As such, I understand that my child may be exposed to potentially dangerous situations which could affect his/her life, health, safety, and welfare.

I further agree to fully indemnify and hold forever harmless the City, and all of its agents, servants, employees, officers, officials, directors, insurers, successors, assigns and all others directly or indirectly related to them, from all liens or claims for reimbursement of any and all damages, including but not limited to, medical expenses and wage loss, arising out of the injuries or damages sustained as a result of any incident which arises out of or is related to the Livonia Police Youth Leadership Academy.

I acknowledge that I have read this Agreement and understand all its terms. I further declare that I have had the opportunity to consult with legal counsel relative to this matter and I execute it voluntarily and with full knowledge of its significance.

Applicant Name (Print)

Applicant Signature

Date

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date