

A.P.S. # 1A

**POLICE DEPARTMENT
CITY OF NEW YORK
AUXILIARY POLICE SECTION**

PARENTAL / GUARDIAN CONSENT FORM

I, _____, residing at

_____ *Street Address*

_____ *Borough*

_____ *Zip Code*

an adult over eighteen (18) years of age, and the parent / guardian of _____
_____ a minor, born on _____, have been
appraised of his / her application for entry into the Auxiliary Police Program conducted by
the New York City Police Department. I have been acquainted with the goals of the
program, the type of duty he/she may be assigned, and that such duty will be performed
in an Auxiliary Police uniform.

Additionally, I _____ give him/her permission to perform
Signature giving permission

any plainclothes assignments that may be performed e.g. sale of box cutters, broad tip
markers, aerosol spray paint cans, and other assignments as specified by the statute of law
being enforced, on a strictly voluntary basis.

I hereby authorize his/her enrollment and participation in the Auxiliary Police
Program of the New York City Police Department and consent to his/her full participation
as a member of this program.

PARENT / GUARDIAN _____
Signature

Date

WITNESS _____
Name of unit coordinator (print) *Cmd.*

Witness signature

Date