



**POLICE DEPARTMENT**

**CITIZEN'S POLICE ACADEMY APPLICATION**

Date of Application \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(first) (middle) (last)

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Soc/Sec#: \_\_\_\_\_ Driver's Lic#: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Have you been arrested for any offense other than traffic?(check one)  Yes  No

If yes, what for? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

Please briefly list or describe any civic activities/organizations you are involved in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What experience have you had with law enforcement? (check one)  Positive  Negative

Briefly explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Briefly explain your interest in the citizen's academy:

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What do you expect to gain from attending this academy?

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Person to be contacted in case of emergency during your attendance at the Academy:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Telephone: \_\_\_\_\_

**Liability Waiver**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_