

# Citizen's Police Academy Application

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE #: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

WORK PHONE #: \_\_\_\_\_

COMMUNITY / GROUP AFFILIATIONS:

WHY DO YOU WANT TO ATTEND THE CITIZEN'S POLICE ACADEMY?

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME? IF SO, EXPLAIN:

GIVE NAMES, ADDRESSES AND PHONE NUMBERS OF TWO REFERENCES:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_