

Citizen's Police Academy Application

Name: _____

Address: _____

City, State, Zip: _____

Home Phone Number: _____

Occupation: _____

Work Address: _____

Work Telephone: _____

Date of Birth: _____

Drivers License Number: _____

Community Group or Organization Affiliation:

Why do you wish to attend the Citizen's Police Academy?

Have you ever been convicted of any crime? If so explain:

*Give names, addresses, and telephone numbers of two references:

*(Required Information)

1. _____

2. _____

Signature: _____

Date: _____