

CITIZEN POLICE ACADEMY APPLICATION FORM

(For citizens residing or working in cities protected by City of Milwaukie, West Linn, Gladstone, Lake Oswego and Canby Police Departments)

Date of application: _____ City of residence or work _____

Name (First, middle, last) _____

Address: _____

City _____ State _____ Zip Code _____

Home phone _____ Work or Cell# _____

Driver's License # _____ State: _____ Occupation: _____

Employer: _____

Work Address _____

Supervisor's Phone # _____

Have you ever been arrested? _____ Yes _____ No

*If yes, please explain including when and where the incident occurred:

What past personal experience have you had involving a law enforcement officer?

Positive _____ Negative _____

Please briefly explain:

Why are you interested in attending the Citizen Police Academy? Briefly explain:

What do you expect to gain from this program?

Will you be able to attend ALL the class sessions? _____ Yes _____ No

Listed an emergency contact name: _____

Relationship: _____ Address: _____

Phone: _____

By signing below, I hereby certify that the information above is true, and further, that the Police Department is duly authorized to make any investigation of my personal history deemed necessary for consideration in order for me to attend the Citizen Police Academy.

Signature: _____

Please return to your City's Chief of Police or designated Citizen Academy representative.