



Citizen Police Academy Application

FULL NAME:

Last *First* *Middle*

ADDRESS:

Number *Street* *Apt.* *City* *Zip*

DAY PHONE: _____

EVENING PHONE: _____

EMAIL: _____

CELL PHONE: _____

OCCUPATION: _____

EMPLOYER: _____

DOB: _____

DRIVER LICENSE/ID #: _____

STATE: _____

PLEASE ANSWER ALL QUESTIONS.

If you need more space to answer these questions, please continue on the back.

1.) WHAT IS YOUR REASON FOR WANTING TO ATTEND THE CITIZEN POLICE ACADEMY?

2.) DESCRIBE A POSITIVE OR NEGATIVE EXPERIENCE YOU HAVE HAD WITH POLICE.

3.) LIST ANY COMMUNITY INVOLVEMENT ACTIVITIES YOU HAVE PARTICIPATED IN.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES

(Do not include traffic violations where the fine was under \$150.00.)

IF YES, PLEASE EXPLAIN:

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT

Signature

Date

RETURN COMPLETED APPLICATION BY:

MAIL: Santa Rosa Police Department
Community Outreach Citizen Police Academy
965 Sonoma Ave, Santa Rosa, CA 95404

DROP OFF: 965 Sonoma Ave, Santa Rosa
FAX: 707-543-3569