



Citizens Police Academy Application

Name: Last _____ First _____ MI _____

Address: _____

City: _____ State _____ Zip _____

Home Phone: _____ Alt. Phone: _____ Cell Phone: _____

E-mail address: _____

Drivers License #: _____ State: _____

Social Security Number: _____ Date of Birth: _____

Place of employment: _____

Excluding traffic tickets have you ever been convicted of a crime: _____

Why are you interested in attending the Citizens Police Academy?

How did you hear about the Academy? _____

Do you have any medical conditions that would hamper any hands on activities? _____

I authorize investigation of all statements contained in this application for the Citizens Police Academy. This application for the academy shall be active for a period of six months.

Signature

Date

Due to the limited number of seats available you may or may not be chosen for this academy. However, the academy is offered twice a year, Spring and in the Fall.

Application may be mailed to:
Van Buren Police Department
ATTN: Det. Jonathan Wear
800 Fayetteville Road
Van Buren, AR 72956

Revised: 06/15