



## 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: Lt. Steve Weaver  
111 South 11<sup>th</sup> Street  
Van Buren, AR 72956**

Revised: 05/09