## Citizens' Police Academy Application



1. NAME:			
LAST	FIRST	MIDDLE	
2. ALIAS/MAIDEN		DATE OF BIRTH	
3. ADDRESS:			
3. ADDRESS:	CITY	ZIP	
4. TELEPHONE NUMBER - HOME:	WOR	K: CELL:	
E-MAIL ADDRESS			
5. DRIVER'S LICENSE: STATE	NO. # _		
EXPIRATION DATE	IS LICENSE CURRENTLY VAL	IS LICENSE CURRENTLY VALID: YES / NO	
DISPOSITION):		R CRIME? YES / NO (IF YES, EXPLAIN WHERE, WHEN, AND	
DUTIES PERFORMED:			
B. HOW DO YOU FEEL THE CITIZEN	NS' POLICE ACADEMY WILL BENEFI	T YOU?	
). WHAT IS YOUR OPINION OF THE	E LONGVIEW / KELSO POLICE AND C	COWLITZ COUNTY SHERIFFS OFFICE?	
0. HAVE YOU EVER ATTENDED T	'HE CITIZENS' ACADEMY IN THE PA	AST? YES / NO DATE ATTENDED:	
1. HOW DID YOU HEAR ABOUT T	HE CITIZENS' ACADEMY?		
	HEREBY CERTIFY THAT THE ANSV THORIZE ANY OF THE ACADEMY LA BACKGROUND CHECK FOR THE F	AW ENFORCEMENT AGENCIES TO DO A CRIMINAL HISTORY AN	
	Signature		