Valparaiso Police Department

Citizen's Police Academy Application

1. Name: _____

2. Date of Birth:_____ Social Security #_____

3. Complete Address:_____

_____

4. Phone Number: Cell _____ Work:_____ Home_____

5. Email Address:_____

6. Drivers License Number: _____ State:_____

7. Have you ever been arrested for anything other than a traffic offense? Yes ____ No ___

If Yes, for question #6, explain where, when and disposition.:_____

_____

8. Place of Employment _____

Address :_____

Occupation:_____

Briefly explain why you would like to participate in the Citizen's Police Academy:

_____

_____

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate mis-statement or omission of material facts may disqualify me from the Citizens Police Academy . My signature below acknowledges my understanding and agreement with the material provided.

_____

Signature and Date

Please print & return by mail to: Attention Sgt. Michael Grennes (Valparaiso Police Department)
355 S Washington St.. Valparaiso In. 46383