



West Memphis Police Department
Citizens Police Academy
Application for Enrollment

Name: _____ DOB: _____ Age: _____

Social Security Number: _____ Driver's License/State ID Number/State: _____

Sex: _____ Race: _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Telephone: Home () _____ Cell () _____ Work () _____

Employer's Name _____ Job Title: _____

Employer's Address: _____ City: _____ State: _____ Zip: _____

Criminal background checks will be conducted as a requirement for enrollment in the Citizens Police Academy.

Do you consent to being subject to a criminal background check? ___ Yes ___ No

Have you ever been the victim of a crime? ___ Yes ___ No

Have you ever been convicted of a crime? ___ Yes ___ No

If yes, indicate: State _____ Date _____ Charges _____

Briefly state why you want to receive this Citizens Police Academy Training: _____

NOTE: All applications must be returned to the Community Outreach Coordinator. Applications will not be accepted or processed after training begins. Qualified applicants will be selected to attend class on a first come basis. Submitting an application does not guarantee acceptance into the class.

If selected to become a participant in the West Memphis Police Department's Citizens Police Academy, I do hereby agree to attend all sessions as scheduled. I further agree to use the information obtained from this experience to help support and assist law enforcement efforts throughout the community.

Applicant Signature

Date

Office Use Only: Date Received _____ Initials _____ Date Approved _____ /Rejected _____ Initials _____