



Citizen Police Academy Application

FULL NAME:

ADDRESS:

DAY PHONE: _____ EVENING PHONE: _____

EMAIL: _____ CELL PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

DOB: _____ DRIVER LICENSE/ID #: _____ STATE: _____

PLEASE ANSWER ALL QUESTIONS.
If you need more space to answer these questions, please continue on the back.

- 1) WHAT IS YOUR REASON FOR WANTING TO ATTEND THE CITIZEN POLICE ACADEMY?

- 2) DESCRIBE A POSITIVE OR NEGATIVE EXPERIENCE YOU HAVE HAD WITH POLICE.

- 3) LIST ANY COMMUNITY INVOLVEMENT ACTIVITIES YOU HAVE PARTICIPATED IN.

HAVE YOU EVER BEEN CONVICTED OF A CRIME? NO YES
(Do not include traffic violations where the fine was under \$150.)

IF YES, PLEASE EXPLAIN:

I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT

Signature

Date

RETURN COMPLETED APPLICATION TO:

MAIL: Santa Rosa Police Department
Citizen Police Academy
965 Sonoma Avenue
Santa Rosa, CA 95404

DROP OFF: 965 Sonoma Avenue, Santa Rosa
FAX: 707-543-3557



**INFORMED CONSENT FOR AUTHORIZATION TO RELEASE
INFORMATION OF CRIMINAL CONDUCT**

As an applicant for the Santa Rosa Police Department’s Citizen Police Academy, I understand that I am required to undergo a security clearance. I understand that I am authorizing a representative of the Santa Rosa Police Department to conduct a background check into any evidence of criminal conduct, and that such investigation will include the following records checks:

- State and Federal database checks: California Law Enforcement Telecommunications System (CLETS) and National Crime Identification Center (NCIC).
- Other applicable jurisdictional law enforcement records checks.
- California Department of Motor Vehicles.

The results of the background checks will be reviewed with the Chief of Police or designated representative of the Police Department.

I certify that I have read this authorization form and understand its meaning and purpose.

Dated this _____ day of _____, 2016, in the City of Santa Rosa, County of Sonoma, State of California.

Applicant: _____
(Print Name)

Signature of Applicant: _____

Witness: _____
(Print Name)

Signature of Witness: _____

This release will expire six (6) months after the date signed.

POLICE DEPARTMENT

965 Sonoma Avenue, Santa Rosa, CA 95404 • 707-543-3600 • www.santarosapd.com

Administration	Communications	Investigations	Records	Traffic
FAX 707-543-3557	FAX 707-543-3672	FAX 707-543-3557	FAX 707-543-3615	FAX 707-543-3589