

Youth Citizen Police Academy Application

FULL NAME:

Last

First

Middle

ADDRESS:

Number

Street

Apt.

City

Zip

DAY PHONE: _____

EMAIL: _____

OCCUPATION: _____

EVENING PHONE: _____

CELL PHONE: _____

SCHOOL: _____

CURRENT/MOST RECENT GPA: _____
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 YOUTH 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
Youth Citizen Police Academy
965 Sonoma Avenue
Santa Rosa, CA 95404

DROP OFF: 965 Sonoma Avenue, Santa Rosa
FAX: 707-543-3557
EMAIL: YouthCPA@srcity.org



**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 _____, 20__, in the City of Santa Rosa, County of Sonoma, State of California.

Applicant:

(Print Name)

Signature of Applicant:

Signature of Parent/Guardian

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.srcity.org

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