

Rolla Police Department
Citizens Police Academy
APPLICATION

Last Name: _____ First Name: _____ Middle Initial: _____

DOB: _____ Driver's License # and State: _____ Gender: _____

Home Address: _____

Telephone: _____ Email: _____

Occupation: _____

Business Name: _____ Bus. Phone: _____

City/State/Zip: _____

Why do you wish to participate in the RPD Citizen Police Academy?: _____

Do you have a family member in Law Enforcement? Yes No

If yes, who? _____

How did you hear about the RPD Citizen Police Academy? _____

PLEASE LIST ONE CHARACTER REFERENCE:

Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Occupation: _____

Telephone: _____ Business Phone: _____

Years Acquainted: _____ How are you acquainted? _____

Have you ever been arrested or convicted of any crime? Yes or No

If yes, please provide the date and pertinent details. _____

Participants MUST be at least 18 years of age and live, work, or attend school in the Rolla area.

Please indicate whether you can attend a future session if class space is not available for this session: Yes or No

PLEASE READ CAREFULLY BEFORE SIGNING:

- Due to the nature of the course curriculum, the Rolla PD will be conducting security/background checks on all applicants, including, but not limited to a check of the criminal justice computer information systems. I hereby authorize the RPD to collect personal information concerning myself. I acknowledge this information is to be used for enrollment purposes only.
- I hereby declare that the foregoing information is true, accurate, and complete to the best of my knowledge. I understand that a false statement can disqualify me from participation in the RPD Citizens Police Academy. I agree that I will not disclose any confidential information that I may become aware of through participation in the RPD Citizens Police Academy.
- I understand that if I am selected, the RPD is not responsible for any accident, injury, or damages, in whatever form, that may occur to me or my property, arising out of or related to my application or participation in the RPD Citizens Police Academy. By signing this application, I, for myself and my heirs and assigns, hereby release and hold harmless the RPD.
- I understand and agree that the RPD and local media agencies may be in attendance at any session and that video coverage and/or still photographs may be taken at various times throughout the academy and hereby consent to the use of these images by the RPD and/or the media agencies.
- The RPD reserves the right of sole discretion in the selection of applicants.

By signing this application I hereby acknowledge and agree to all of the foregoing.

Printed Name: _____

Signature: _____ Date: _____

Please return the application to:

Rolla Police Department
1007 North Elm Street
Rolla, Missouri 65401
573.308.1213

ATTN: Citizens Police Academy