

BOWLING GREEN POLICE DEPARTMENT



CITIZENS POLICE ACADEMY APPLICATION

PLEASE PRINT. Answer each item completely and accurately.

FULL LEGAL NAME: _____
(Last Name) (First) (Middle)

Date of Birth: _____ **Race:** _____ **Social Security Number:** _____ - _____ - _____

Current Address: _____
(Street Address) (Apt. #)

(City) (State) (Zip)

Home Telephone: _____ **Cell Phone:** _____

Employer: _____ **Occupation:** _____

Work Address: _____
(Street Address) (Apt. #)

(City) (State) (Zip)

Work Phone: _____ **E-mail Address** _____

List any Organizations that you are affiliated with: _____

Briefly state why you would like to be in the CITIZEN'S POLICE ACADEMY:

Your signature on this form indicates you are granting permission for the Bowling Green Police Department to conduct a Criminal History check, prior to your participation in the Citizen's Academy. It is further agreed that should this Criminal History check reveal any convictions of a criminal nature or an excessive number of traffic offenses, the Bowling Green Police Department may, at their discretion, disallow your participation in this program. Please return this form by fax to 393-2180 or in person at BGPD Headquarters. If you have any questions please call the class coordinator Sgt Matt Edwards at 392-7055.

Signature: _____ **Date:** _____