



CULVER CITY POLICE DEPARTMENT

Citizen's Police Academy



Class _____ Year _____

NAME _____ BIRTHDATE _____

FULL ADDRESS _____

EMPLOYER _____ RETIRED

WORK ADDRESS _____

JOB TITLE _____ E-MAIL _____

TELEPHONE #: HOME (_____) _____ CELL (_____) _____

DRIVER'S LICENSE # _____ STATE _____ EXP. DATE _____

EMERGENCY CONTACT: NAME _____ PH# (_____) _____

RELATIONSHIP TO APPLICANT _____

I learned of the Culver City Police Department Citizen's Police Academy from:

I am interested in attending the Citizen's Police Academy because:

I consent to a basic records check to determine eligibility for the Culver City Police Department's Citizen's Police Academy. If accepted as a student, I agree to abide by all rules, regulations, and to have no more than one absence during the length of the course. Persons selected to attend will be notified by mail, email and/or phone at least two (2) weeks prior to the beginning of the first session.

Applicant's Signature

Date