



City of Madera Police Department
Citizen's Police Academy

Application for Enrollment

Name: _____ Date: _____

Address: _____

City/Zip: _____ Date of Birth: _____

Email Address: _____

Driver's License#: _____ State: _____

Home Phone: _____ Work Phone: _____

Employer: _____

Occupation: _____

How did you hear about the Citizen's Police Academy: _____

Have you ever been arrested: Yes () No ()

If yes, please explain. Include date of arrest. If more space is needed, please attach additional paper _____

Have you ever been convicted of a criminal offense: Yes () No ()

I authorize the Madera Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen's Police Academy. If accepted as a participant in the academy, I agree to have no more than two absences during the thirteen (13) week class schedule or I will not receive a certificate of completion. I will abide by the rules and regulations.

Signature: _____ Date: _____