

Culver City Police Department
"CITIZEN'S POLICE ACADEMY"
Application for Admittance

NAME _____ BIRTHDATE _____

ADDRESS _____

EMPLOYER _____

WORK ADDRESS _____

JOB TITLE _____ E-MAIL ADDRESS _____

TELEPHONE #: HOME _____ /WORK _____

DRIVERS LICENSE # _____ STATE _____ EXP. DATE _____

I learned of the "Citizen's Police Academy" from _____

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

I consent to a record check, and will be fingerprinted, to determine eligibility for the Culver City Police "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 ten week class schedule. Persons selected to attend will be notified by mail and/or phone at least two weeks prior to the beginning of classes.

Applicant's Signature _____ *Date* _____