



SEDONA POLICE DEPARTMENT COMMUNITY POLICE ACADEMY APPLICATION



Applicant must be 18 years of age. Incomplete and/or unsigned applications will not be considered and will be disqualified.

Name (first, middle, last): _____ Nickname/Alias: _____

SSN or Resident Card#: _____ DOB: _____ Email: _____

Contact Phone #: _____ Home Phone #: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Driver's License #: _____ State: _____

Education: HS: Yes No College: Yes No Other: Yes No

How did you learn about the academy?

Reason(s) you want to attend the academy:

Have you ever been arrested? Yes No Have you ever been convicted: Yes No

If yes, please provide details (i.e., date, reason, outcome. Use a separate sheet, if necessary.)

Have you ever attended a citizen academy presented by another police department? Yes No

Will you require any special accommodations to participate in the class? Yes No

If yes, please explain:

The Citizen Academy will be following the COVID 19 protocols for everyone's safety. Face coverings will be required.



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Emergency Contact

Name:

Relationship:

Phone #:

Acknowledgement

I hereby authorize the Sedona Police Department to conduct a standard check of law enforcement records on me. I understand this check will include, but not limited to any records of charges, prosecutions, or convictions for criminal or civil offenses. This check will be used for the purpose of the Citizens Academy application process. Any information obtained will be for the purpose of providing clearance to participate in the Sedona Police Department Citizens Academy.

Applicant's Full Name Printed

Applicant's Signature

Witness Name Printed

Witness Signature

Date