



**CITIZENS ACADEMY ENROLLMENT FORM**

Date of Application: \_\_\_\_\_

Class #: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_

Street Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Have you ever been convicted of a Felony? Yes \_\_\_ No \_\_\_ Misdemeanor? Y \_\_\_ N \_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Why do you wish to attend the Citizens Academy? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I understand that a background investigation will be conducted upon submission of this application. I hereby authorize the West Covina Police Department to conduct this investigation and to make an examination of the listed information for the purpose of evaluating my application.

I hereby grant the West Covina Police Department permission to use my likeness in a photograph or video in any and all of its publications, including website entries, without payment of any other consideration.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed applications need to be emailed to CitizensAcademy@WCPD.org prior to the deadline for processing.