



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.