



**PETALUMA POLICE DEPARTMENT**  
**CITIZEN POLICE ACADEMY**  
**Application**

Date Completed: \_\_\_\_\_

Date Received: \_\_\_\_\_

(Office Use Only)

**PERSONAL INFORMATION**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License - State/#: \_\_\_\_\_

Home Ph#: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Ph#: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_

Occupation: \_\_\_\_\_

How Long?: \_\_\_\_\_

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

Cellular Ph#: \_\_\_\_\_

How long have you lived in Petaluma? \_\_\_\_\_

Worked in Petaluma? \_\_\_\_\_

**PLEASE ANSWER ALL QUESTIONS**

(Continue on Second Page if Necessary)

1) Please describe your reason for wanting to attend the Citizen Police Academy

2) Please describe any community involvement or other related activities you have participated in

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Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

3) Have you ever been convicted of a crime other than minor traffic violations? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain:

Please provide any additional information you feel may be relevant as we consider your application or use this space to continue your responses to any of the previous questions

Since participants in the Citizen Police Academy will be involved with police ride-a-longs, have access to police facilities and may be exposed to confidential information, your signed acceptance of the following waiver is required for participation in the program.

**I HEREBY RELEASE THE CITY OF PETALUMA, THE PETALUMA POLICE DEPARTMENT, AND ALL ITS MEMBERS OF ANY LIABILITY RESULTING FROM ANY ILLNESS OR INJURY INCURRED DURING MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY. I CERTIFY THAT ALL STATEMENTS MADE HEREIN OR OTHERWISE BY ME IN APPLYING FOR THE CITIZEN POLICE ACADEMY ARE TRUE AND CORRECT. I AUTHORIZE THE CITY OF PETALUMA TO INVESTIGATE MY QUALIFICATIONS, EMPLOYMENT, CRIMINAL HISTORY, OR CHARACTER THROUGH INQUIRIES TO ANY SOURCES AND I AUTHORIZE THE RELEASE OF ANY INFORMATION POSSESSED BY ANY LOCAL, STATE OR FEDERAL LAW ENFORCEMENT AGENCY THAT MAINTAINS CRIMINAL HISTORY INFORMATION. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENT OR OMISSION OF ANY MATERIAL FACT WILL CAUSE FORFEITURE OF MY ACCEPTANCE TO, OR CONTINUED PARTICIPATION IN, THE CITIZEN POLICE ACADEMY.**

Applicant Signature: \_\_\_\_\_

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

RETURN COMPLETED APPLICATION TO:

**PETALUMA POLICE DEPARTMENT  
969 PETALUMA BLVD N  
PETALUMA, CA 94952**