

COUNCIL BLUFFS POLICE DEPARTMENT
CITIZENS' POLICE ACADEMY
APPLICATION FOR REGISTRATION

I wish to be considered for participation as a citizen student in the Council Bluffs Police department's Citizens' Police Academy. I do understand that the CPA program is a community relations and public information program of the Council Bluffs Police department. It is in no way an accredited educational program nor does it have any formal affiliation with any educational institution. I have also reviewed the academy schedule and will be able to attend throughout the 12 -week course.

NAME: _____ D.O.B.: _____

ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

SSN: _____ DRIVERS LICENSE #: _____

OCCUPATION: _____ HOME PHONE: _____

WORK PHONE: _____ E-MAIL: _____

Have you ever been arrested? YES _____ NO _____

Why do you wish to attend the Citizen's Police Academy?

Please list your community involvement:

Important Notice: A criminal records checks will be conducted on all applications for the Citizen's Police Academy. By signing below, you hereby grant the Council Bluffs Police department authority to conduct a criminal history check.

Signature of Participant: _____ Date: _____

Please return to:

Community Services Officer Mark G. Alba
Council Bluffs Police Department
227 South 6th Street
Council Bluffs, Iowa 51503

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