



PETALUMA POLICE DEPARTMENT
COMMUNITY 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 Community 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 Community 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 COMMUNITY POLICE ACADEMY. I CERTIFY THAT ALL STATEMENTS MADE HEREIN OR OTHERWISE BY ME IN APPLYING FOR THE COMMUNITY 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 COMMUNITY POLICE ACADEMY.

Applicant Signature: _____ **Date:** _____

RETURN COMPLETED APPLICATION TO:

**Lt. Nick McGowan
nmcgowan@cityofpetaluma.org**