

**CITIZENS' POLICE ACADEMY  
APPLICATION FOR ENROLLMENT**

Daytime Academy (Monday afternoons, 15 weeks)

Evening Academy (Tuesday evenings, 15 weeks)

**Please Print Legibly:**

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License # \_\_\_\_\_

Phone: Home - \_\_\_\_\_ Cell - \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

Community Affiliation(s): \_\_\_\_\_

Are you a:  U.S. Citizen  Lawful permanent resident  Foreign Citizen with lawful work permit

Have you ever been ticketed or arrested for any crime other than minor traffic offenses?

YES  NO

If "YES", please explain. Give dates, charges, jurisdiction and final disposition:

**I understand that some of the curriculum of this class is sensitive in nature. I affirm that the above information is correct and complete. Therefore, I expressly give permission to the Aurora Police Department to conduct a background check and confirm any of the above information for security purposes.**

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

**PLEASE NOTE: Submitting an application does not guarantee you a spot in the class. After background checks are completed, you will receive a confirmation letter informing you whether you have been accepted to attend the class.**

**PLEASE RETURN THIS COMPLETED FORM TO: Aurora Police Department  
Citizens' Police Academy  
Attn: Deszane' Flowers  
15001 East Alameda Parkway  
Aurora, CO 80012**

You may fax your application to: 303-739-6685 or email it to [dflowers@auroragov.org](mailto:dflowers@auroragov.org).  
If you have any questions, contact the Admin at 303-739-6350.