

**CITIZENS' POLICE ACADEMY
APPLICATION FOR ENROLLMENT**

Evening Academy (Tuesday evenings, 15 weeks)

Daytime Academy (Monday afternoons, 11 weeks)

Please Print Legibly:

Full 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 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
c/o Alice Jackson, Volunteer Coordinator
15001 East Alameda Parkway
Aurora, CO 80012**

**You may fax your application to: 303-739-6685 or email it to ajackson@auroragov.org.
If you have any questions, contact the Community Resources Section at 303-739-6346**