



Application for the 2013 CITIZEN'S ACADEMY

The Arlington Police Department (APD) Citizen's Academy will introduce you to the workings of the Police Department. You'll learn what it is like to be a Police Officer and will gain insight into the daily challenges faced by officers. The Academy is a ten-week course starting January 16th. Academy sessions are from 6:00p – 9:00p each Wednesday evening. You must attend 80% of the program to graduate. There is no charge for the Citizen's Academy and the Arlington Police Department strives to include the broadest range of diversity in participants. We encourage all interested citizens to apply.

TO APPLY: Complete the information below, sign the form and return it to the **Arlington Police Department, 110 E. 3rd Street, Arlington, WA 98223**, by **no later than January 11th, 2013**.

The information on this form will be used to conduct a criminal history check. Felony convictions or other circumstances that would make participation inappropriate may be cause for denial of admission. This class may fill quickly so get your application in early!

BACKGROUND INFORMATION (PLEASE PRINT LEGIBLY!):

LEGAL NAME: _____
Last First Middle

OTHER LAST NAMES USED: _____

PREFERRED NAME FOR NAMETAG and GRADUATION CERTIFICATE: _____

DATE OF BIRTH: _____ AGE: _____ SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE NUMBER: _____ STATE: _____

ADDRESS: _____
Mailing address City, State Zip

HOME PHONE: _____ CELL PHONE: _____ WORK PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____ EMPLOYER: _____

EMERGENCY CONTACT: _____ PHONE: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES NO

HAVE YOU ATTENDED OTHER CITIZEN ACADEMIES? YES NO If yes, which ones? _____

ARE YOU APPLYING IN CONJUNCTION WITH A FAMILY MEMBER OR FRIEND? YES NO

IF YES, NAME: _____ RELATIONSHIP: _____

APPLICATION QUESTIONS:

One of the Academy's goals is to educate participants about the roles and responsibilities of law enforcement in the City of Arlington. So that we may address a variety of perceptions, we are looking for participants with a range of experiences with law enforcement. Please take a few minutes to answer the questions on the next page. Your responses will be used to help us design effective academy activities. (Attach additional pages if necessary.)

- 1) Please tell us about your experiences with law enforcement.

- 2) How would you describe your experiences with law enforcement? ____Positive ____Negative ____Neutral
Please explain:

- 3) What would you like to gain from this Citizen's Academy?

- 4) Please list any areas of specific interest as well as any specific question you would like answered.

- 5) Why do you want to be selected for the Citizen's Academy?

- 6) How did you hear about the Arlington Police Department Citizen Academy?

<input type="checkbox"/> Friend or Relative <input type="checkbox"/> Former Graduate <input type="checkbox"/> Newspaper <input type="checkbox"/> Other, please describe: _____	<input type="checkbox"/> Flyer <input type="checkbox"/> Direct Letter or Email <input type="checkbox"/> City of Arlington website
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PROGRAM COMMITMENT/WAIVER:

Please initial next to each line to indicate you have read and understand your commitment to the Academy. Then sign below and return by the application deadline.

- _____ I authorize the Arlington Police Department to conduct a criminal history check as part of the Citizen's Academy application process.
- _____ I will attend at least 80 percent of the class. I understand that if I do not, I will not be eligible for graduation.
- _____ I will respect other Academy class members, the Academy facilitator and speakers by being on time and leaving my cell phone at home or turning it off.
- _____ I give my full permission to the Arlington Police Department to use any photographs or videotapes of me participating in the Citizen's Academy to advertise or promote the Citizen's Academy and the Police Department.
- _____ While I understand that the Police Department will take all prudent safety measures in conducting practical activities, I understand that there are always potential hazards. I therefore forever waive, release and discharge the City of Arlington, its employees, agents and elected officials and agree to hold harmless and defend them from any and all claims.
- _____ In the event of an accident, illness or other incapacity I assume and will pay my own medical and emergency expenses regardless of whether I authorized such expenses.

Signature: _____ Date: _____