



CITIZEN'S POLICE ACADEMY APPLICATION

Date of Application: _____

Name: _____ Date of Birth: _____
(First) (MI) (Last)

Address: _____

City/State/Zip: _____

Work Phone: _____ Home Phone: _____

Soc/Sec#: _____ Driver's Lic#: _____

Employer: _____ Occupation: _____

Employer's Address: _____
(street) (city) (state) (zip)

Have you been arrested for any offense? (check one) Yes No

If yes, what for?

Where? _____ When? _____

Have you ever attended a Citizen's Academy presented by a Police Department?

Yes No

What experience have you had with law enforcement? Positive Negative

Briefly explain:

Briefly explain your interest in the citizen's academy:

Person to be contacted in case of emergency during your attendance at the Academy:

Name: _____

Address: _____

Relationship: _____ Telephone: _____

Participants **MUST** be at least 18 years of age, live, or work in Raymore, Missouri.

Participants also can not have a criminal record

Please indicate whether you can attend a future session if class space is not available for this session. Yes _____ No _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen Police Academy. Any deliberate misstatement or omission of material facts may disqualify me to attend the Raymore Citizen's Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Signature: _____ Date: _____

Return completed application to:
Officer Lance Goddard
100 Municipal Circle
Raymore, MO 64083
Email: lgoddard@raymore.com

Please indicate T-Shirt size:

S M L XL XXL XXXL