

KANSAS CITY MISSOURI POLICE DEPARTMENT
CITIZEN POLICE ACADEMY
APPLICATION



LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

DOB (MM/DD/YYYY): _____ SOCIAL SECURITY #: _____ GENDER: M F

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

OCCUPATION: _____

BUSINESS NAME: _____ BUS. PHONE: _____

BUS. ADDRESS: _____

CITY/STATE/ZIP: _____

Why do you wish to participate in the KCPD Citizen Police Academy? _____

Do you have a family member in Law Enforcement? Yes No

If yes, who? _____

How did you hear about the KCPD Citizen Police Academy? _____

PLEASE LIST ONE CHARACTER REFERENCE:

NAME: _____ TITLE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

OCCUPATION: _____

HOME PHONE: _____ BUSINESS PHONE: _____

YEARS ACQUAINTED: _____ HOW ACQUAINTED: _____

Have you ever been arrested convicted of a felony crime? Yes No

If yes, please provide date and pertinent details. _____

Participants MUST be at least 18 years of age, and live, work or attend school in Kansas City, Missouri.

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

PLEASE READ CAREFULLY BEFORE SIGNING:

- Due to the nature of the course curriculum, the KCPD will be conducting security checks on all applicants, including but not limited to a check of the criminal justice computer information systems. I hereby authorize the KCPD to collect personal information concerning myself. I acknowledge this information is to be used for enrollment purposes only.
- I hereby declare that the foregoing information is true, accurate and complete to the best of my knowledge. I understand that a false statement can disqualify me from participation in the KCPD Citizen Police Academy. I agree that I will not disclose any confidential information that I may become aware of through participation in the KCPD Citizen Police Academy.
- I understand that if I am selected, the KCPD is not responsible for any accident, injury or damages, in whatever form, that may occur to me or my property, arising out of or related to my application or participation in the KCPD Citizen Police Academy. By signing this application I, for myself and for my heirs and assigns, hereby release and hold harmless the KCPD.
- I understand and agree that the KCPD Public Relations Unit and local media agencies may be in attendance at any session and that video coverage and/or still photographs may be taken at various times throughout the Academy and hereby consent to the use of these images by the KCPD and/or the media agencies.
- The KCPD reserves the right of sole discretion in the selection of applicants.

By signing this application I hereby acknowledge and agree to all of the foregoing.

DATED THIS: _____ DAY OF: _____ IN THE YEAR: _____

SIGNATURE: _____

PRINT NAME: _____

Please mail or fax to:

Kansas City Regional Police Academy
6885 NE Pleasant Valley Rd.
Kansas City, MO 64119
816-413-8414

ATTN:

This application may also be dropped off at the Regional Police Training Academy during regular business hours, Monday – Friday, 7:00 am to 4:30 pm except holidays.

FREE LANGUAGE ASSISTANCE AVAILABLE UPON REQUEST:

Asistencia lingüística gratuita disponible si se solicita	Spanish
Có sẵn dịch vụ thông dịch miễn phí khi bạn yêu cầu	Vietnamese

I SPEAK...

Yo hablo español	Spanish	Tôi nói tiếng Việt	Vietnamese
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