



## COMMUNITY POLICE ACADEMY APPLICATION FORM

**Applicants must meet the following requirements to be considered:**

- Must be 18 years of age
- A resident of Foster City or work within or own a business in Foster City.
- Must pass a complete background check
- Must be approved for attendance
- Must sign a liability waiver
- The Community Police Academy has a limited size of 25 qualified and accepted applicants

City of residence or employment:

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Name (First, Middle, Last):

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Birthdate: \_\_\_\_\_

Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Occupation:

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Employer:

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Work Address:

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Emergency contact name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*If yes, please explain including when and where the incident occurred.

Why are you interested in attending the Community Police Academy ? Briefly explain

Will you be able to attend **ALL** the class sessions? \_\_\_\_\_ Yes \_\_\_\_\_ No

\*If not, which classes will you be unable to attend? \_\_\_\_\_

By signing below, I hereby certify that the information above is true, and further, that the Police Department is duly authorized to make any investigation of my personal history deemed necessary for consideration in order for me to attend the Community Police Academy.

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