Menasha's Citizen's Police Academy
Application for Participation

Please type or print

Name:_____
Last *First* *Middle*

Date of Birth: _____

Street Address: _____

_____

Email: _____

Telephone: work _____ cell _____ home _____

Please explain briefly why you wish to be enrolled in the Citizen's Police Academy: _____

_____

_____

_____

_____

What do you hope to get out of the experience? _____

_____

_____

_____

_____

Please list any associations, clubs or organizations you belong to:

_____

_____

_____

_____

Turn over for backside also PLEASE

Have you ever been arrested or convicted for an offense other than traffic violations? _____ Yes _____ No

If yes, please explain and include approximate dates, charges and action taken.

_____

_____

_____

List two (2) persons we could contact for you in the event of an emergency.

Name: _____ Phone: _____

Address: _____

_____

Name: _____ Phone: _____

Address: _____

_____

Please inform us of any medical conditions, physical limitations, or other assistance you may need during your participation in the police academy.

_____

_____

_____

Certifications

"I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection or dismissal from the Citizen's Police Academy."

"I further understand that the Menasha Police Department will be verifying the information contained in this application. I understand that verification may take place through a background check prior to my being accepted in the academy."

Applicants Signature: _____ Date: _____

Return completed application to; Officer Aaron Zemlock, Menasha Police Department, 430 First Street, Menasha, WI 54952
FAX (920)-967-5145 Attn: Aaron