



**KENSINGTON POLICE DEPARTMENT  
CITIZENS POLICE ACADEMY**

**Application Form**

**Date:** \_\_\_\_\_

**Personnel Information**

**Name (Last, First, Middle):** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Race:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Work Address:** \_\_\_\_\_

**Driver's License Number:** \_\_\_\_\_ **What State Issued It?** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Have you ever been convicted of a crime?** \_\_\_\_\_

Reason for participation in the Citizen” Academy: \_\_\_\_\_

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**I hereby release the Kensington Police Protection & Community Services District, and all its members of any liability resulting from illness or injury incurred by me during my participation in the Citizens Police Academy of the Kensington Police Protection & Community Services District. I certify that all statements made herein or otherwise by me in applying for the Citizens Police Academy are true and correct. I authorize the Kensington Police Protection & Community Services District to investigate my qualifications, employment, Criminal History, or character through inquires to any sources mentioned in this application, unless otherwise stated and I authorize the release of any information possessed by any local, state, or federal law enforcement agency that maintains a criminal history system. I understand and agree that my misstatement or omission of material fact will cause forfeiture of my attendance to the Citizens Police Academy.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_