

CITIZENS POLICE ACADEMY
APPLICATION
COLUMBUS POLICE DEPARTMENT

Name _____ D.O.B. _____ SOC. SEC. # _____

ADDRESS _____

PHONE: (DAY) _____ (EVE) _____

PLACE OF EMPLOYMENT/PROFESSION _____

WHY ARE YOU INTERESTED IN ATTENDING THE CITIZENS ACADEMY?

HOW DID YOU LEARN OF THE ACADEMY?

THE CITIZENS ACADEMY IS A PUBLIC INFORMATION SERVICE OF THE DEPARTMENT. THE PURPOSE IS TO EDUCATE THE PUBLIC ON WAYS THE COLUMBUS POLICE DEPARTMENT HANDLES THE DAY TO DAY BUSINESS OF SERVING AND PROTECTING THE CITIZENS OF THE COMMUNITY. THE PROGRAM LASTS EIGHT WEEKS. THE STUDENTS WILL MEET EACH THURSDAY NIGHT FROM 6:30 PM TO 9:30 PM. THEY WILL HEAR STORIES THAT ARE SOMETIMES FUNNY, SOMETIMES STRANGE, AND SOMETIMES SAD. THEY WILL HEAR FROM A NUMBER OF DIFFERENT OFFICERS ABOUT MANY VARIOUS ASPECTS OF POLICE WORK IN GENERAL AND THE COLUMBUS POLICE DEPARTMENT SPECIFICALLY.

FOR ADDITIONAL INFORMATION CONTACT THE PUBLIC INFORMATION OFFICE 376-2605.

YOUR SIGNATURE AT THE BOTTOM OF THIS FORM IS AN INDICATION THAT YOU AGREE TO ALLOW THE COLUMBUS POLICE DEPARTMENT TO CONDUCT A CRIMINAL RECORDS CHECK ON YOU USING THE INFORMATION PROVIDED ABOVE.

SIGNATURE: _____ DATE: _____

*APPLICATIONS MAY BE DROPPED OFF AT CPD OR MAILED TO:
COLUMBUS POLICE DEPARTMENT ATTN: Public Information Office
123 WASHINGTON STREET, COLUMBUS, IN 47201*