BOWLING GREEN POLICE DEPARTMENT

COMMUNITY POLICE ACADEMY APPLICATION

Answer each item completely and accurately. You must be 18 years old to participate.

Full legal name:

| (Last) | (First) | (Middle) |

Date of birth: _____   KY Driver's License or Social Security Number**: _____

Current address: _____

(Street Address)   (Apt. #)

(City)   (State)   (Zip)

Home telephone: _____   Cell phone: _____

Employer: _____   Occupation: _____

Work address: _____

(Street Address)   (Suite #)

(City)   (State)   (Zip)

Work phone: _____   E-mail address: _____

List any organizations you are affiliated with:

Briefly state why you would like to be in the Community Police Academy:

Your typed name represents your signature on this form and indicates you are granting permission for the Bowling Green Police Department to conduct a criminal history check prior to your participation in the Community Police Academy. It is further agreed, based on the results of this criminal history check, the Bowling Green Police Department may disallow your participation in this program.   Please return this to me the easiest possible way for you. If you have any questions, email the class coordinator, Ronnie Ward, at ronnie.ward@bgky.org

**Notice the "Driver's License Number or SSN" box is required. If you do not have a Kentucky driver's license, please put your Social Security Number in this box.

Signature:_____   Date: _____