



Dear Applicant,

Please fill out this authorization for release form and return this form, along with the completed application form, to Sgt. Michael Robbins as soon as possible. If Sgt. Robbins is not in, please drop off the forms to one of the records clerks. We thank you for your interest in the Citizen's Police Academy.

Sincerely,
Sgt. Michael Robbins

Have you ever been convicted for any offense other than a traffic violation? (Select one)

Yes No

If yes, state where, when, and describe the circumstances:

I hereby authorize the Dodge City Police Department to make an examination of my Criminal History Record Information for the purpose of evaluating my application.

Signature

Date

Return to: Sgt. Michael Robbins
 Dodge City Police Department
 110 West Spruce St.
 Dodge City, KS 67801

Phone: 620-225-8126
Email: michaelr@dodgecity.org

**Dodge City Police Department
Citizen Police Academy
Enrollment Application**

PLEASE PRINT OR TYPE:

Applicants must be at least 18 years of age. Incomplete, inaccurate, or unsigned applications and anyone having charges currently filed against them that are either being tried or are pending, in any criminal court will not be considered.

PERSONAL:

Name (Last/First,(Middle))		Date of Birth	Pager Number
Home Street Address	City/State/Zip	Local Home Phone	Cell Phone Number
Business/Employer Name and Mailing Address		Business Phone	
City/State/Zip of Business/Employer	Driver's License # & State	FAX Number	E-mail Address

EDUCATION:

High school graduate or GED? graduate GED	Year and location of graduation:	
College graduate? yes no	Degree/Major	Name of college/university and year of graduation:

BACKGROUND:

Please explain briefly why you wish to enroll in the Dodge City Police Department's Citizen Police Academy.

Do you have any charges filed against you that are currently being tried or are pending in any criminal court? **yes no**

Is there any medical information you feel the Dodge City Police Department should be aware of, **yes no**

Name of emergency contact person:

Address	Telephone
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RECOMMENDATIONS:

Were you recommended or advised to apply to the Citizen Police Academy? **yes no**

If so, by whom?

SIGNATURE:
 '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 statements on this application will be cause for rejection for enrollment or dismissal from the Dodge City Police Department's Citizen Police Academy. I understand that a rejection of enrollment may occur if I have any charges filed against me that are currently being tried or are pending in any criminal court, I understand that there is no charge for the Academy, and if selected for enrollment, pledge the time commitment to attend.'

Applicant's Signature	Date
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CITIZEN POLICE ACADEMY STAFF USE ONLY-

Received by	I Received by mail or dropped off. (circle one)	Date
Recommended Approval By:	I Recommended Disapproval By: (attach explanation sheet)	