

Joplin Police Department

Citizen's Police Academy

Application Form

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____ City: _____ State: _____ Date

of Birth: _____ Social Security Number: _____ Telephone #

(Day) _____ (Evening) _____ Occupation:

_____ Employer: _____ Length of

Employment: Years _____ Months _____ E-mail address _____ Personal

reference that we may contact: Name _____ Address:

_____ Phone: _____ Have you ever

been arrested, if so what for? _____ Have you ever

been convicted of a criminal offense; and if so, what was the offense?

What is your reason for wanting to participate in the Citizen's Police Academy?

All applicants must be at least 21 years of age. A background check will be done on each applicant. The Joplin Police Department reserves the right to deny entry to the Academy based on the findings of a background check.

All information on the above application is true. I authorize the Joplin Police Department to conduct a background check based on this application.

Signature: _____ **Date:** _____

Return or Fax this form to:
Attn: Sgt. Chad Allison Joplin
Police Department 303 E.
Third, Joplin MO 64801 Fax
(417) 625-4733

Academy Participant Release

I, _____, a voluntary participant in the
Citizen's Police Academy service program, do, for myself, my heirs,
executors and administrators, forever remise, release and discharge the
City of Joplin, including all representatives, of and from all manner of
actions, causes of action, suits, debts and sums of money, dues, claims
and demands, in law or equity, by reason of my participation in said
program.

Signed: _____

Date: _____