

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: Cpl. Ryan West
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: _____