



# *LA PORTE POLICE DEPARTMENT*

## **CITIZENS POLICE ACADEMY APPLICATION**

1206 Michigan Avenue  
LaPorte, Indiana 46350  
Attn: Community Policing Coordinator

### **SIDE ONE**

Print Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cellular: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender: \_\_\_\_\_ M or F \_\_\_\_\_ Race: \_\_\_\_\_

SSN #: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Education: High School/ GED: \_\_\_\_\_ College/ Technical School: \_\_\_\_\_

In Case of Emergency Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_

### **LIST REFERENCES BELOW**

1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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**SIDE TWO**

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How did you learn of the Citizens Police Academy? \_\_\_\_\_

Are you currently a member of a Neighborhood Watch, Community Association, or other Citizen Group? If Yes, which group(s)? \_\_\_\_\_

Participants in the Citizens Police Academy classes may be photographed, filmed, and/ or names used in promotional activities of the LaPorte Police Department. Your signature gives us the permission to use these without compensation:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Have you ever been arrested or convicted of a crime? \_\_\_\_\_ If Yes, please explain: \_\_\_\_\_

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**CONSENT FOR BACKGROUND CHECK**

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Information presented at the Citizens Police Academy is of a sensitive nature to Law Enforcement; therefore we must ensure confidentiality by requiring all applicants to submit to a Criminal History Records Check.

I, \_\_\_\_\_ (Print your name clearly) hereby authorize the

Program Director of the LaPorte Citizens Police Academy to receive any criminal history record information pertaining to the individual identified above, which may be in the files of any state or Criminal Justice Agency in the State of Indiana.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

All academy applicants must include a copy of their state driver's license or government issued identification card to be submitted with their completed application form.

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**This section to be completed by the Citizens Police Academy Program Director only:**

Date Application Received: \_\_\_\_\_ Criminal History Check Completed? Yes No

Applicant Accepted? Yes No If No, explain why: \_\_\_\_\_

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