



ROCKFORD POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

Applicant must be 18 years of age or older to attend the Academy.

Print in ink or type all answers.

If more space is needed, use an additional sheet of paper.

Date: _____

Last Name _____ First Name _____

Full Middle Name _____

Date of Birth _____ Age _____

Home Address _____

City _____ State _____ Zip Code _____

Email _____

Phone _____

Answer Yes or No to the following question and provide explanations where needed:

1. Do you have a valid driver's license? Circle: Yes No
Driver's License/ID number _____
2. Are you 18 years of age or older? Circle: Yes No
3. Have you attended CPA before?* Circle: Yes No If so, when? _____

*Preference will be given to first-time applicants.

The RPD Citizen's Police Academy is an opportunity for the general public to learn how the Police Department operates, and certain procedures. It is not, however, an open forum to air grievances or accusations towards officers or administrative staff. Such behavior is prohibited and may result in the participant being removed and/or banned from future participation as this is disruptive to the learning environment of the Academy. Your signature, via the Academy application, signifies that you have read and agree to this statement and understand the expectations.

I hereby certify that there are no willful falsifications, omissions, or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Rockford Police Department's Citizens Police Academy. I also grant permission for the Rockford Police Department to verify the above information contained on this application and check prior criminal history.

Signature

Date

Rockford Police Department
c/o Lt. Jason DoBran
557 S. New Towne Dr. Rockford, IL 61108
Jason.DoBran@rockfordil.gov

OFFICE USE ONLY

CQH _____
NETRMS _____
WAIVER SIGNED _____

APPROVED _____
DENIED _____
DATE PROCESSED ____ / ____ / ____