

BRACKEN COUNTY SHERIFF OFFICE

Citizen Police Academy Application

Name: _____

Address: _____ E-Mail: _____

Home Phone #:(_____) _____ Work Phone #:(_____) _____

Date of Birth:_____/_____/_____ Driver License # & State:_____

Occupation:_____

Reason(s) for wanting to attend the Citizen Academy:_____

Who do you know that is involved in law enforcement?_____

Have you ever been arrested/convicted of a misdemeanor or a felony?_____

If so, when, where, and the charge:_____

How did you hear about the Citizen Police Academy?_____

Do you authorize the Bracken County Sheriff's Office to run a criminal history check?

Yes_____ No_____ Shirt Size S M L XL XXL (circle)

Signature:_____ Date:_____/_____/_____

For Office Use Only

Academy Number:_____ Start Date:_____

Accepted:_____ Declined:_____

Reason:_____