

APPLICATION FOR ENROLLMENT
8th Annual Citizen's Police Academy

Please **PRINT**

Submit to: **Wood Village City Hall, 2055 NE 238th Drive - Fax: 503-669-8723** or
Email to: GregD@ci.wood-village.or.us Applications must be received by 4:30pm, Friday, August 31, 2012

Full Name (First, Middle, Last): Mr./Mrs./Ms. _____

Home Street Address: _____ City: _____ Zip: _____

Date of Birth: Month _____ Day _____ Year _____ Home Phone #: _____

Driver's License Number: _____ State: _____ Occupation: _____

Name of Employer/School: _____ Business Phone # () _____

Employer/School Address: _____ City: _____ Zip: _____

Email Address: _____ @ _____

Why would you like to participate in the Citizen's Police Academy? _____

Have you attended one or more of the prior Citizen's Academies? (Yes or No) _____

**ANSWERS TO THE FOLLOWING QUESTIONS ARE STRICTLY CONFIDENTIAL
AND NECESSARY TO PARTICIPATE**

1. Have you ever been arrested for any reason? YES _____ NO _____

If yes, please explain: _____

2. Have you ever been convicted of a crime? YES _____ NO _____

If yes, please explain: _____

RELEASE AND WAIVER: As an applicant for the Multnomah County Sheriff's Office Citizen Police Academy, I authorize the Multnomah County Sheriff's Office to conduct an inquiry into my criminal history to determine my suitability to attend the Citizen's Academy. I hereby release the Multnomah County Sheriff's Office, the County of Multnomah, their agents, employees, and assigns from any liability or damage which may result from obtaining personal information about me through my voluntary participation in this program. I understand my participation in all portions of the Citizen Police Academy program is voluntary. I agree to follow academy rules and I assume any and all risk of personal injury by participating in this program. This release expires one year from the date of my signature below.

I certify that all statements in this form and any attachments are true, correct and complete to the best of my knowledge. I understand any false information in this form and attachment may, if I am accepted, be considered grounds for immediate dismissal from the Academy program. I understand all statements are subject to verification.

Signature: _____ Date: _____