



SCAPPOOSE POLICE DEPARTMENT CITIZEN ACADEMY

APPLICATION FOR CITIZEN ACADEMY

Name _____
Last First Middle

Address _____
Street City State Zip

Phone Number _____ Date of Birth _____

Driver's License Number _____ State _____

Occupation _____ T-Shirt Size _____

Have you ever been convicted of a crime? Yes _____ No _____

If so, Please explain. _____

I, _____ give the Scappoose Police Department and the city of Scappoose my permission to conduct a criminal history background on me for the purpose of this application. I am fully aware that a criminal history background will be done prior to being allowed to attend the Scappoose Police Department Citizen Academy.

Signature

Date