

**APPLICATION
DES MOINES CITIZEN ACADEMY
DES MOINES POLICE DEPARTMENT
DANA WINGERT, CHIEF OF POLICE**

NAME: First Middle Last

ADDRESS:

HOME PHONE: _____ WORK PHONE: _____

DATE OF BIRTH SEX

Driver's License Number _____

Social Security Number _____

Employer:

Occupation:

Employers Address:

**Have you been arrested for any offense other than traffic?
If yes, what for?**

When:

Where?

What do you expect to gain from attending this program?

Will you be able to attend all eleven (11) sessions?

**Please indicate the shirt size that you wear.
(shirts are 100% cotton)**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend a Citizen Police Academy session.

Signature of Applicant

Date