



HELENA POLICE DEPARTMENT



CITIZEN'S POLICE ACADEMY APPLICATION FOR ENROLLMENT

Full Legal Name: _____

First name you go by (for your name tag): _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Employer: _____ Occupation: _____

Employer Address: _____

How were you referred to the Helena Police Department's Citizen Police Academy?

List any medical concerns or special accommodations we may need to know about:

Emergency Contact Name: _____ Phone: _____

Emergency Contact Name: _____ Phone: _____

A brief background check will be conducted on each applicant. If an applicant has a criminal history to such an extent that it raises concerns by the Administration of the Helena Police Department, it will be determined by the Citizen's Police Academy Coordinator whether it is in the best interest of the Helena Police Department to admit that applicant into the Academy. Any intentional misrepresentation will be grounds for dismissal.

Have you ever been arrested, cited or convicted as an adult (18 years and older) for a criminal offense other than a traffic violation? _____ Yes _____ No

If yes, please explain: _____

Shirt Size (*shirts are unisex*): ___S ___M ___L ___XL

I, _____, hereby acknowledge that I have completed the above information completely and accurately. I understand and give my permission, with respect to the Helena Police Department, to conduct a brief background check to determine my suitability for the admission to the Helena Police Department Citizen's Police Academy.

Signature: _____

Date: _____