

EAST COUNTY CITIZENS' ACADEMY APPLICATION

Elma Police Department Elma, WA 98541 Phone: 360-482-3131 Fax: 360-482-3717

Name:			
	First	Middle	Last
Address:			
	Street	City	Zip
Phone:			
	Home	Work	Email
	Date of Birth	Driver's License # / State	Male / Female
ŀ	lave you ever been convid	cted of a crime? If yes, explain where, v	when, and disposition.
However	, throughout the duration of g the program. Do you hav	be taken on the first day of class for identify the academy, photographs and/or video to the any objection to your photograph being mage/picture used for promotional purpose	footage will be taken to assist in taken, being interviewed by the
	Why do you wa	ant to attend the East County Citizens' A	Academy?
hereby releathe criminal that I may need not di	and other law enforcemer ase the City of Elma and a history check. I also und be disqualified from attel	uthorize the Elma Police Department to nt agencies for the purpose of confirminal all of its agents and employees from and derstand and agree that based on the nding the Citizens' Police Academy a e. I also understand that class size is	ng that I am of good character. In hy liability which may arise out of findings of a background check and the Elma Police Department
	Print Name	Signature	 Date