



Police Department



Serve With Honor and Respect

Citizen Academy Application for Enrollment

Full Name: _____

Address: _____

Phone: _____

Date of Birth ____/____/____

How were you referred to the Citizen Academy ? _____

List any medications and/or allergies we may need to know about.

Emergency contact Name: _____ **Phone:** _____

Have you ever been arrested or are you currently on Parole or Probation? (A background check will be conducted on each applicant. Any intentional misrepresentation will be grounds for immediate dismissal.) No: _____ If yes, please explain.

I _____ hereby acknowledge that I have completed the above information fully and accurately. I understand and give my permission, with respect to the Washington City Police Department, to conduct a background investigation to determine my suitability for admission to this program.

Signature _____ **Date** _____

Complete and return to: Washington City Police Department at 135 N 100 E, Washington UT 84780

For further information contact:

Lieutenant Jason Williams

Washington City Police Department

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