



CITY OF GARDEN GROVE POLICE DEPARTMENT

A NATIONALLY
ACCREDITED LAW
ENFORCEMENT
AGENCY

TOM DARÉ
CHIEF OF POLICE

CITIZEN ACADEMY APPLICATION

Name (First, Middle, Last) _____

Social Security Number _____ Driver's License Number _____

Nickname or Aliases _____ Male Female

E-Mail Address _____

Current Address (Number & Street) _____

City _____ State _____ Zip _____

How Long? (Years/Months) _____

Home Phone _____ Work Phone _____ Cell Phone _____

Employer _____ Occupation _____

Street _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

U.S. Citizen Naturalized Other _____

Please list any civic organizations that you are involved with:

Person to notify in case of emergency:

Name: _____ Phone Number _____

Address: _____

I consent to a personal record check and fingerprint check to determine my eligibility for the Department's Citizen Academy. If accepted as a student, I agree to abide by all the rules and regulations of the Academy and the Department and to commit to attending the entire course.

Signature _____ Date _____



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CITIZEN ACADEMY APPLICATION (con't)

Have you ever been arrested? Yes No

If YES, please explain (include ALL dates):

Have you ever been convicted of a crime? Yes NO

If YES, please explain (include ALL dates):

Why are you interested in the Citizen Police Academy?

I hereby certify that all statements made in the application are true and complete to the best of my knowledge and belief. I understand that false or misleading statements or missing information is cause for rejection of my application, removal, or dismissal from the program.

I authorize and grant permission to the City of Garden Grove to, without charge, take and use video and/or photographs of me during and/or in connection with any activity arising from my involvement with the City and to publicize said photographs and/or video regarding City activities in publications, news releases, online, and in other City communications.

Signature _____ Date _____