



## Delaware Police Department Citizen Police Academy Participant Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
                                First                                Middle                                Last

                                Street                                City                                State                                Zip Code

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Month/Day/Year)

Place of Employment \_\_\_\_\_

Business Address \_\_\_\_\_  
                                Street                                City                                State                                Zip Code

Business Phone \_\_\_\_\_ Occupation \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Have you ever been arrested for any offense other than a traffic violation?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

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Describe in your own words why you want to attend the Citizen Police Academy.

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## Delaware Police Department Citizen Police Academy Release of Information and Statement of Consent

All Citizen Police Academy applicants will be subject to a background check.  
The following is a list of some of the offenses which may disqualify  
you from participation in this program:

- Felony Offenses
- Weapons Offenses
- Assault Offenses
- Drug Offenses within the last three years

*All decisions regarding admissions  
are at the discretion of the Program Director.  
\*\*\*All decisions are FINAL\*\*\**

I, \_\_\_\_\_, do hereby consent to the background investigation and authorize a review of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Delaware Police Department, Delaware, Ohio, whether the said record are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that all information will be kept confidential. I also understand that should any statement I have made prove to be false, misleading, or erroneous, it may result in rejection of my application or discharge from the Citizen Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**RETURN THIS FORM WITH APPLICATION TO:**  
**Delaware Police Department**  
**Attn: Community Relations Officer**  
**70 N. Union St.**  
**Delaware, OH 43015**