



CITIZENS' ACADEMY APPLICATION

PLEASE CHOOSE ACADEMY DATE: _____ APRIL
_____ SEPTEMBER

APPLICANT'S NAME: _____
LAST FIRST MIDDLE

HOME ADDRESS: _____
STREET CITY POSTAL CODE

HOME PHONE: _____ BUSINESS PHONE: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE: _____

EMPLOYER: _____ OCCUPATION: _____

REFERENCES: 1. _____ 2. _____
NAME NAME
OCCUPATION OCCUPATION
HOME PHONE / BUSINESS PHONE HOME PHONE / BUSINESS PHONE

PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION

As an applicant for the Vancouver Police Department's Citizens' Academy, I hereby authorize the Vancouver Police Department to conduct a criminal history background investigation. I understand that this criminal history check is being conducted due to the nature of the classes given at the Citizens' Academy. I further authorize the Department to obtain a full and complete disclosure of all facts uncovered.

I understand that all available police and criminal records will be checked and that the information will be used in determining eligibility of applicants for the Citizens' Academy. I understand that my acceptance in the Citizens' Academy will be at the sole discretion of the Vancouver Police Department.

SIGNATURE OF APPLICANT

DATE

List any community group affiliations: _____

Why do you want to attend the Academy? _____

How did you hear about the Academy? _____

Have you ever been convicted of a crime? Please explain briefly: _____

SEND COMPLETED APPLICATIONS TO:

**CITIZENS' ACADEMY
VANCOUVER POLICE DEPARTMENT
C/O 312 MAIN STREET
VANCOUVER, B.C. V6A 2T2**

ATTN: Community Services Section

POLICE USE ONLY

RECORD CHECK: CPIC _____
 CNI _____
 PIRS _____
 DL _____

COMMENTS: _____

RECORD CHECK COMPLETED BY: _____ DATE: _____