

WENTZVILLE CITIZENS ACADEMY APPLICATION

NAME: LAST _____ FIRST _____ MI _____

ADDRESS: _____

STATE: _____ ZIP _____ PHONE: _____

SOCIAL SECURITY #: _____ DOB: _____

DRIVERS LICENSE #: _____

E-Mail Address: _____

Completing this application indicates that you are interested in participating in the Wentzville Police Citizens Academy program and are willing to go through the 22 hour program to obtain certification in the program. If you agree to participate in the program you must not miss any more than 4 hours to obtain certification.

You will be requested to complete a record check form as part of the program.

APPLICANT SIGNATURE

DATE