

**ROCHESTER POLICE
2020 CITIZEN'S POLICE
ACADEMY
APPLICATION**

Name: _____ DOB: _____

Address: _____ SS# _____

City/State/Zip: _____

Best contact phone number _____ Best time to contact _____

Email address _____

Why do you wish to participate in the Rochester Police Department's Citizen's Police Academy?

How did you hear about the Academy? _____

Have you ever been arrested? Y N (not an automatic disqualifier)

If yes, when, why, where?

Are you aware there will be a brief background investigation on all eligible applicants? Y N

Have you filled out the Release of Information Authorization form? Y N (This form is to be mailed along with the application.)