

BELTON MISSOURI POLICE DEPARTMENT
**CITIZEN POLICE ACADEMY
APPLICATION**

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____
DOB (MM/DD/YYYY): _____ SOCIAL SECURITY #: _____ GENDER: M F
HOME ADDRESS: _____
CITY/STATE/ZIP: _____

HOME PHONE: _____	CELL PHONE: _____
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OCCUPATION: _____
BUSINESS NAME: BUS. PHONE: _____
BUS. ADDRESS: _____
CITY/STATE/ZIP: _____
Why do you wish to participate in the Belton Citizen Police Academy? _____

Do you have a family member in Law Enforcement? Yes No
If yes, who? _____
How did you hear about the Belton Citizen Police Academy? _____
PLEASE LIST ONE CHARACTER REFERENCE:
NAME: _____ TITLE: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
OCCUPATION: _____
CELL PHONE: _____ BUSINESS PHONE: _____
YEARS ACQUAINTED: _____ HOW ACQUAINTED: _____
Have you ever been arrested convicted of a felony crime? Yes No
If yes, please provide date and pertinent details. _____

Participants MUST be at least 18 years of age, and live or own a business in Belton, Missouri.

PLEASE READ CAREFULLY BEFORE SIGNING:

- ☐ Due to the nature of the course curriculum, the Belton Police will be conducting security checks on all applicants, including but not limited to a check of the criminal justice computer information systems. I hereby authorize the Belton Police to collect personal information concerning myself. I acknowledge this information is to be used for enrollment purposes only.
- ☐ I hereby declare that the foregoing information is true, accurate and complete to the best of my knowledge. I understand that a false statement can disqualify me from participation in the Belton Citizen Police Academy. I agree that I will not disclose any confidential information that I may become aware of through participation in the Belton Citizen Police Academy.
- ☐ I understand that if I am selected, the City of Belton is not responsible for any accident, injury or damages, in whatever form, that may occur to me or my property, arising out of or related to my application or participation in the Belton Citizen Police Academy. By signing this application I, for myself and for my heirs and assigns, hereby release and hold harmless the City of Belton.
- ☐ I understand and agree that the Belton Police Public Relations Unit and local media agencies may be in attendance at any session and that video coverage and/or still photographs may be taken at various times throughout the Academy and hereby consent to the use of these images by the Belton Police and/or the media agencies.
- ☐ The Belton Police Department reserves the right of sole discretion in the selection of applicants.

By signing this application I hereby acknowledge and agree to all of the foregoing.

DATED THIS: _____ DAY OF: _____ IN THE YEAR: _____

SIGNATURE: _____

PRINT NAME: _____