SEATTLE POLICE DEPARTMENT

Eleven-Week COMMUNITY POLICE ACADEMY APPLICATION

(Please Print Legibly)

Please include a photocopy of your driver's license or State ID card

Applicant's Name: _____

Last First MI

Address: _____

_____

City State Zip

Neighborhood: E-mail Address: _____

Phone: _____

Home Work

Date of Birth: _____

Month Day Year

Sex: Drivers License #: _____

Emergency Contact:

_____

Name Phone #

How did you hear about SPD's Community Police Academy?

_____

PERMISSION TO CONDUCT A RECORDS CHECK

As an applicant for the Seattle Police Department Community Police Academy, I hereby authorize the Seattle Police Department to conduct a criminal history records check, including convictions, pending charges and outstanding warrants. I understand that this criminal history check is being conducted due to the nature of the classes given at the Community Police Academy.

I understand that all available criminal records will be checked and that the information will be used in determining eligibility of applicants for the Community Police Academy. All information is to remain confidential as required by Washington and federal statutes.

_____

Signature of Applicant Date

Please state below why you are interested in attending. (Use extra paper if necessary.)

Please check which of the following you have participated in:

_____ Block Watch

_____ Community Crime Prevention Councils

_____ Precinct Advisory Councils

_____ Demographic Advisory Councils

_____ Other (please specify)

_____

☐ If you have a disability and require accommodation to fully participate in the Community Police Academy, please check here and contact Maggie Olsen at (206) 684-8672 or by email at margaret.olsen@seattle.gov

OPTIONAL INFORMATION

In our effort to better serve and represent the community the Community Police Academy is interested in knowing as much as possible about our applicant pool. We would appreciate you providing the following information for purposes of our evaluation of our outreach efforts. This portion is optional.

AGE:

18-30_____

31-45_____

46-59_____

60-up_____

RACE/ETHNICITY: _____

GENDER: _____

OCCUPATION: _____

Return completed application and a clear photocopy of your driver's license or State ID to:

Maggie Olsen
Community Outreach Program Manager
Community Outreach Section
Seattle Police Department
610 5th Avenue
P.O. Box 34986
Seattle, WA 98124-4986
206-684-8672 (Office)
margaret.olsen@seattle.gov