



**COMMUNITY POLICE ACADEMY  
APPLICATION**

Name: \_\_\_\_\_  Male  Female

Address: \_\_\_\_\_ Age: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

DL or WA state ID number: \_\_\_\_\_ Birthdate: / / \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Email Address: \_\_\_\_\_ School (if applicable): \_\_\_\_\_

Have you been convicted of any crimes in the past?  Yes  No

If yes, please list approximate dates and outcomes (If you require more room, please attach a separate page):

Please briefly describe your overall feeling (s) regarding law enforcement:

Why are you interested in attending the Community Police Academy?

What other community groups/activities are you engaged in?

Photographs/ video will be taken during the course of the Community Police Academy sessions and may be used in printed and electronic materials. Do you give the King County Sheriff's Office, and it's agents, permission to use photos of you?  Yes  No

Do you have any dietary restrictions? If yes, please explain in the space provided:  Yes  No

I, \_\_\_\_\_ authorize King County Sheriff's Office and its agents and employees to conduct a review of the records of the King County Sheriff's Office and other law enforcement agencies for the purpose of confirming my past criminal record. I hereby release King County and all of its agents and employees from any liability which may arise out of the background investigation and recommendation, including any liability arising from a negative recommendation based upon erroneous information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_