

# Joplin Police Department

## Citizen's Police Academy

### Application Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone # (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

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

Length of Employment: Years \_\_\_\_\_ Months \_\_\_\_\_

Personal reference that we may contact: Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever been arrested, if so what for? \_\_\_\_\_

Have you ever been convicted of a criminal offense; and if so, what was the offense?

What is your reason for wanting to participate in the Citizen's Police Academy?

All applicants must be at least 21 years of age. A background check will be done on each applicant. The Joplin Police Department reserves the right to deny entry to the Academy based on the findings of a background check.

All information on the above application is true. I authorize the Joplin Police Department to conduct a background check based on this application.

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

**Return or Fax this form to:**  
**Attn: Cpl. Darren Gallup**  
**Joplin Police Department**  
**303 E. Third, Joplin MO 64801**  
**Fax (417) 623-4604**

# Academy Participant Release

I, \_\_\_\_\_, a voluntary participant in the Citizen's Police Academy service program, do, for myself, my heirs, executors and administrators, forever remise, release and discharge the City of Joplin, including all representatives, of and from all manner of actions, causes of action, suits, debts and sums of money, dues, claims and demands, in law or equity, by reason of my participation in said program.

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_