CITIZENS' POLICE ACADEMY APPLICATION

Please Print Clearly

Bainbridge Island Police Department
625 Winslow Way East
Bainbridge Island, WA 98110
Phone: 206-842-5211 Fax: 206-780-8596

Name: _____

First | Middle | Last

Address: _____

Street | City | Zip

Phone: _____

Home | Work | Email

_____

Date of Birth | Driver's License # / State | Male / Female

Have you ever been convicted of a crime? If yes, explain where, when, and disposition.

_____

_____

_____

Photos of each student will be taken on the first day of class for identification purposes only. However, throughout the duration of the academy, photographs and/or video footage will be taken to assist in promoting the program. Do you have any objection to your photograph being taken, being interviewed by the media, or having your image/picture used for promotional purposes? Yes _____ No _____

Why do you want to attend the Bainbridge Island Citizens' Police Academy?

_____

_____

_____

_____

I, _____, authorize the Bainbridge Island Police Department to conduct a review of the records of the BIPD and other law enforcement agencies for the purpose of confirming that I am of good character. I hereby release the City of Bainbridge Island and all of its agents and employees from any liability which may arise out of the criminal history check. I also understand and agree that based on the findings of a background check that I may be disqualified from attending the Citizens' Police Academy and the Bainbridge Island Police Department need not disclose that reason to me. I also understand that class size is limited and I may be denied or offered a later class for this reason.

_____

Print Name | Signature | Date