



*Oak Grove Police Department
Citizens Police Academy Application*

APPLICATION PROCESS: (PLEASE TYPE or PRINT)

Return to Oak Grove Police Department, 2110 S. Broadway, Oak Grove, MO 64075 or email cparis@cityofoakgrove.com

**** You must be 16 years old or older.****

Full Name (First, MI, Last):

Mr./Mrs./Ms. _____

Home Street Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

D.O.B. ____ / ____ / ____ Age: ____ Driver's License # _____ State: ____ S.S.# _____

E-Mail Address: _____

Occupation: _____ Name of Employer/School: _____

Address _____ City: _____ Zip: _____

Emergency Contact: _____ Phone: _____

1.) Why would you like to participate in the Community Police Academy? _____

2.) How did you find out about the Community Police Academy? Facebook Newspaper Community Event

Other: _____

ANSWERS TO THE FOLLOWING QUESTIONS ARE REQUIRED TO PARTICIPATE

3.) Have you ever been arrested for any reason? Yes / No If yes, please explain: _____

4.) Have you ever been convicted of a crime? Yes / No If yes, please explain: _____

5.) Has there ever been anything in your past, which you believe may disqualify you from participating in the Community Police Academy? Yes / No If yes, please explain _____

RELEASE & WAIVER: As an applicant of the Oak Grove Police Departments Citizens Police Academy, I hereby authorize the Oak Grove Police Department to conduct a criminal background investigation. I understand that this investigation is being conducted due to the nature of the classes given at the Citizens Academy. I understand that my participation in all portions of this program is voluntary and I agree to follow academy rules and assume any and all risk by participating in this program. I also understand that participation in this class **does not** certify me as a Police Officer or enable me to act in any way or capacity as a Police Officer. I also understand that my photograph may be taken at times during the class and I agree to release any and all rights to such photos to the City of Oak Grove Missouri for use in newspaper articles, advertisements and any similar purpose. I certify that all statements in this form and any attachments are true, correct and complete to the best of my knowledge. I understand that any false information in this form and/or attachments may, if I am accepted, be considered grounds for immediate dismissal from the Citizens Police Academy Program. I understand that all statements are subject to verification.

Signature: _____ Date: ____ / ____ / ____