

Metro Citizens Police Academy

E-mail form to: alicia.mages@ci.waiteparkpd.mn.us

OR

Mail form to: Waite Park Police Dept.

PO Box 339

19 13th Ave N

Waite Park, MN 56387

FOR WAITE PARK RESIDENTS ONLY. PERSONS RESIDING OUTSIDE OF WAITE PARK MUST SUBMIT THIS APPLICATION TO THEIR LOCAL LAW ENFORCEMENT AGENCY.

Name _____

Last Name
First Name
Middle Initial

Address _____

City/Zip Code _____ Date of Birth _____

E-mail address _____ Shirt size S M L XL XXL

Are you willing to share the above information with others in the class? Yes _____ No _____

Home Phone	Work Phone	Other/Cell
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Drivers License #	Social Security #
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Employer	Address
Job Title	Duties

Education	Name	Date
High School		
College		
Other		

List two persons, not related to you as references:

Name		Name	
Address		Address	
Phone		Phone	

Why do you wish to attend and be considered for the Citizens Police Academy?

Emergency Contact

Name	
Relation to you	
Contact # (s)	

List ALL previous traffic violations, citations and police contacts within the last five years.

IMPORTANT NOTICE TO ALL APPLICANTS

Minnesota law requires that you be informed of the purposes and intended uses of the information you provide to the Metro Citizens Police Academy (MCPA) during the application process.

Any information about yourself that you provide to the MCPA during the application process will be used to identify you as an applicant and to assess your qualifications for the volunteer Citizens Police Academy. Although you are not legally required to supply information, we ask that you supply the information requested in order to be considered for the Citizens Police Academy. If you do not supply the information, it may mean you will not be considered for enrollment in the Citizens Police Academy.

The information will be provided to:

1. Persons authorized to have access to the information under state or federal law; and
2. Persons authorized by court order to have access to the information; and
3. Persons to whom you consent in writing to have access to the information.

All law enforcement personnel in the cities of St. Cloud, Sartell, Sauk Rapids, St. Joseph and Waite Park who need to know the information will have access.

I authorize consent to the city representatives making inquiries about me if I am considered for the volunteer Citizens Police Academy.

I understand this authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

APPLICANT'S SIGNATURE _____

DATE _____

My signature confirms that I have read and understand the authorization and notice to applicants set forth above. I recognize that my failure to sign accurately, completely or falsify information in this application will automatically disqualify me from consideration in the volunteer Citizens Police Academy.