

# Citizens' Police Academy Application



1. NAME: \_\_\_\_\_  
LAST FIRST MIDDLE
2. ALIAS/MAIDEN \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_
3. ADDRESS: \_\_\_\_\_  
STREET - APT# CITY ZIP
4. TELEPHONE NUMBER - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_
5. DRIVER'S LICENSE: STATE \_\_\_\_\_ NO. # \_\_\_\_\_  
EXPIRATION DATE \_\_\_\_\_ IS LICENSE CURRENTLY VALID: YES / NO
6. HAVE YOU EVER BEEN CONVICTED OF FELONY OR MISDEMEANOR CRIME? YES / NO (IF YES, EXPLAIN WHERE, WHEN, AND DISPOSITION):  
\_\_\_\_\_  
\_\_\_\_\_
7. PLACE OF EMPLOYMENT: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
DUTIES PERFORMED: \_\_\_\_\_
8. HOW DO YOU FEEL THE CITIZENS' POLICE ACADEMY WILL BENEFIT YOU?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. WHAT IS YOUR OPINION OF THE LONGVIEW / KELSO POLICE AND COWLITZ COUNTY SHERIFFS OFFICE?  
\_\_\_\_\_  
\_\_\_\_\_
10. HAVE YOU EVER ATTENDED THE CITIZENS' ACADEMY IN THE PAST? YES / NO DATE ATTENDED: \_\_\_\_\_
11. HOW DID YOU HEAR ABOUT THE CITIZENS' ACADEMY? \_\_\_\_\_

**I HEREBY CERTIFY THAT THE ANSWERS ARE TRUE AND CORRECT.  
BY MY SIGNATURE BELOW, I AUTHORIZE ANY OF THE ACADEMY LAW ENFORCEMENT AGENCIES TO DO A CRIMINAL HISTORY AND  
BACKGROUND CHECK FOR THE PURPOSES OF THIS ACADEMY.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Deadline is **February 17<sup>th</sup>, 2023**, please return this application to either the Cowlitz County Sheriff's Office - 312 SW 1st Ave, Kelso, WA 98626 - Kelso Police Department – 201 S. Pacific Ave, Kelso, WA 98626 - Longview Police Department - 1351 Hudson Street, Longview, WA 98632