



SCAPPOOSE POLICE DEPARTMENT CITIZEN ACADEMY APPLICATION

FULL NAME:	DOB:
ADDRESS:	
PHONE:	
DRIVERS LICENSE NUMBER:	STATE:
OCCUPATION:	
T-SHIRT SIZE:	

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

YES NO

IF YES, PLEASE EXPLAIN: _____

I, _____ give the Scappoose Police Department and the City of Scappoose my permission to conduct a criminal history background on me for the purpose of this application. I am fully aware that a criminal history background will be done prior to being allowed to attend the Scappoose Police Department Citizen Academy.

SIGNATURE

DATE