

# APPLICATION

**BOONE CITIZEN  
POLICE ACADEMY  
BOONE POLICE DEPARTMENT**  
John Wiebold, Chief of Police

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Name: \_\_\_\_\_ (First, Middle, Last)

Date of Birth: \_\_\_\_\_

Sex (M/F)

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Excluding traffic offenses, have you ever been cited for a criminal offense?**

Yes  No  If yes, please explain: \_\_\_\_\_

What would you enjoy learning from this program?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be able to attend all 9 sessions? Yes  No

Please check the shirt size that you wear: **S** **M** **L** **XL** **XXL**

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Boone Police Department is authorized to verify any of the above information deemed necessary for consideration to attend the Boone Citizen Police Academy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date