

ROHNERT PARK DEPARTMENT OF PUBLIC SAFETY

# Citizen's Public Safety Academy Application

NAME: (Last, First, MI) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

DRIVER'S LICENSE NO: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF ANY CRIME THAT HAS RESULTED IN A

FIREARMS PROHIBITION? YES NO (PLEASE CIRCLE ONE)

(Since firearms will be handled during the course of this class, a cursory check will be conducted to verify this information)

ARE YOU A MEMBER OF ANY CIVIC/PROFESSIONAL GROUPS? IF YES, PLEASE LIST:

\_\_\_\_\_

WHY WOULD YOU LIKE TO PARTICIPATE IN THE CITIZEN'S PUBLIC SAFETY ACADEMY?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

*By signing, you agree all information is truthful and accurate*

ELECTRONIC SIGNATURE: \_\_\_\_\_



*By checking the box, you agree all information is truthful and accurate*

**Return completed applications to:**

ROHNERT PARK DEPARTMENT OF PUBLIC SAFETY

ATTN: CITIZEN'S ACADEMY COORDINATOR

500 CITY CENTER DRIVE

ROHNERT PARK, CA 94928-2118

FAX (707) 584-2674 OR CCOLBURN@RPCITY.ORG

Office Use Only

Date Received: \_\_\_\_\_

Date Verified: \_\_\_\_\_

Admit # \_\_\_\_\_ Wait # \_\_\_\_\_

A SIGNATURE is required if mailing or faxing a completed application to the Department of Public Safety.

An ELECTRONIC SIGNATURE is required if emailing a completed application to the Department of Public Safety.