

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: _____

HAVE YOU BEEN CONVICTED OF ANY CRIME THAT HAS RESULTED IN A FIREARMS PROHIBITION? YES NO

(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.