



Citizen Police Academy Application

Name: _____

Address: _____ E-Mail: _____

Home Phone #- (____) _____ Work Phone #: (____) _____

Date of Birth: ____/____/____ Driver License # & State: _____

Occupation: _____

Reason(s) for wanting to attend the Citizen Academy: _____

Who do you know that is involved in law enforcement? _____

Have you ever been arrested/convicted of a misdemeanor or a felony? _____

If so, when, where, and the charge: _____

Give the name and address of two character references:

1. _____

2. _____

How did you hear about the Citizen Police Academy? _____

Do you authorize the Paris Police Department to run a criminal history check? Yes _____

No _____

Signature: _____ Date: ____/____/____

For Office Use Only

Academy Number: _____ Start Date: _____

Accepted: _____ Declined: _____

Reason: _____

Paris Citizens Police Academy Alumni Association

2015 Membership Form

NAME(please print)_____

ADDRESS_____

HOME PHONE_____

CELL PHONE _____

ARE YOU ABLE TO RECEIVE TEXT MESSAGES VIA CELL PHONE_____

E-MAIL ADDRESS_____

IS IT OKAY TO SEND TO YOU CPAAA INFORMATION VIA E-MAIL_____

BIRTHDAY (MONTH AND DAY ONLY)_____

DUES: \$10.00 INDIVIDUAL

\$15.00 FAMILY