



CRESTVIEW POLICE DEPARTMENT

STEPHEN McCOSKER, CHIEF



CRESTVIEW CITIZENS POLICE ACADEMY COURSE APPLICATION

OPEN ENROLLMENT

Thank you for your interest in the Crestview Citizens police Academy. Through your participation, you will receive a more thorough understanding of the inner workings of a modern police department, the duties of a police officer, the functions of various divisions within the department and how our agency interacts with other first responders. Your instructors will be active-duty law enforcement officers, other safety officials or qualified sanctioned instructors. Upon your successful completion of the requirements, you will receive a certificate attesting to your participation and will have the open opportunity to continue your support of the Crestview Police Department through membership in the Crestview Citizens Academy Alumni Inc!

Please complete this application in its entirety. Please print legibly.

PERSONAL

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____

E-MAIL ADDRESS _____

DRIVER'S LICENSE: STATE _____ NUMBER _____

DATE OF BIRTH _____

BACKGROUND

Please briefly explain why you want to enroll in the Crestview Police Department's Citizens Police Academy:

Please list any associations, clubs or organizations you belong to or are affiliated with: _____

EMERGENCY CONTACTS

List two immediate family members or close friends that can be contacted in the event of an emergency:

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

NAME _____ RELATIONSHIP _____

ADDRESS _____ PHONE _____

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CRIMINAL HISTORY

Have you ever been convicted of a felony? YES NO

If "Yes," please explain: _____

Have you had any previous negative experience with law enforcement? YES NO

If "Yes," please explain, including date(s) and incident(s): _____

REFERRALS

Were you referred to the Citizens Police Academy? YES NO

If "Yes," by whom were you referred? _____

What is his/her affiliation with the Crestview Police Department and/or the Citizens Police Academy?

SPECIAL NEEDS

Do you have special needs, such as a sign language interpreter, that must be accommodated in order for you to participate in the Citizens Police Academy: YES NO

If "Yes," please describe: _____

Please review your statements carefully and read the statement below before signing this application:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions in this document. I understand that any such omission or false statement on this application shall be sufficient cause for rejection of enrollment or dismissal from the Crestview Citizens Police Academy.

I further understand that the Crestview police Department will conduct a thorough background investigation that may include, but not be limited to, any criminal history, employment history and personal references.

Applicant's signature

Date signed

Return this completed application to:

Crestview Police Department Community Services Whitehurst
Municipal Building
201 Stillwell Blvd.
Crestview FL 32539-2221



The workshops sanctioned as hours towards your graduation will be advertised with the CCPAA Seal shown above. These hours will also be tracked and monitored by a member of the CPD. Upon attendance of each workshop, please make sure to sign provided attendance sheet and inform the community service division of your attendance at communityservices@crestviewpd.org

For Citizens Police Academy use only:

Received by _____ Date _____ Time _____