

Enid Police Department
Citizen Police Academy Application

Name: _____
Last Name First Name Full Middle Name

List all other names you have used, including nicknames and maiden names:

If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:

Date of Birth _____ Place of Birth _____ Current Age _____

Gender : Male _____ Female _____ Social Security Number _____

Hair _____ Eyes _____ Citizenship (Country) _____ Acquired by: Birth ___ Marriage ___ Naturalization ___

Home Address _____
Street City State Zip

Home Phone _____ Work Phone _____

Pager # _____ Cellular Phone _____

E-Mail Address _____

In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:

Name: _____ Relationship _____ Phone _____

Name of Current Employer _____

If applicable, are you attending the academy as part of your job requirement or career development? _____

Address _____
Street City State Zip

Job Title _____ Length of time with present employer _____

If less than three years with employer, please list former employer: _____

Authorization to Conduct Law Enforcement Check

Have you ever been charged with a felony offense? yes ___ no ___

Have you ever been convicted of a felony? yes ___ no ___

If **yes**, list details pertaining to conviction, including date, place, law enforcement agency, charge, court, and disposition:

I hereby authorize Enid PD to conduct a standard check of law enforcement records on me. I understand this check will include, but not be limited to, any record of charges, prosecutions or convictions for criminal or civil offenses. This check will be used for the purpose of the Citizen Academy application process. Any information obtained will be used for the purpose of providing clearance to participate in the Enid Police Department Citizen Police Academy.

Full Name (Print)

Full Name (Signature)

Date of authorization

Organization Memberships

Please list any organizations, associations, or community groups to which you belong:

How do you plan on sharing your experience and newly acquired knowledge with your community after completion of the academy?

Why are you interested in the Citizen Police Academy?

(This information will be used once an applicant is accepted to the Citizens Academy in order to further our outreach efforts to the community through various activities, groups and organizations)

Participation in Firearms Training & Photographic/Media Release Permissions

Is there any reason you cannot participate in firearms training? Yes _____ No _____

If yes, please provide details:

Photos of each student will be taken on the first day of class for identification purposes only. However, throughout the duration of the academy, photographs and/or video footage from media outlets may be taken to assist in promoting the program. We also may use footage on our websites. We would like to know if you have any objection to your photograph being taken, being interviewed by the media or having your image/picture placed on our web sites. Do you have any objections? Yes _____ No _____

“IMPORTANT: This training is not designed to certify citizens to perform law enforcement services. Its purpose is to enhance community relations and provide citizens with insights into the criminal justice system.”

Signature: _____

Date: _____

Please complete this form and return it to:

Enid Police Department
Attn: Training Division
301 W. Garriott Rd.
Enid, Oklahoma 73701