

Apple Valley Police Citizen Academy Application

Name: _____ Date of Birth: _____
 Last First FULL Middle Name

Address: _____

City: _____ State: ____ Zip: _____ Phone (H): _____ (W): _____

Email address: _____

Have you attended the Apple Valley Police Department Citizen Academy within the last 5 years? Yes No
I am over 18 years of age and currently either live or work in Apple Valley. I agree to allow the Apple Valley Police Department to run a Criminal Background Check on me for the purposes of determining my suitability for this program. (Please note: A criminal record does not automatically disqualify an applicant.)

(Signature of Applicant)

Please mail or deliver to: Apple Valley Police Department
7100 147th St. W.
Apple Valley, MN 55124

This application must be completed in full in order for us to perform a background check.
No unauthorized audiotaping, videotaping, or photography is permitted during the Academy.

Completed applications are due no later than March 24, 2008