



# Wenatchee Police Department

140 S. Mission • PO Box 519 • Wenatchee, WA • 98807 – 0519  
Business: 509 888-4200 • FAX: 509 888-4219 • www.wenatcheewa.gov

## CITIZENS' POLICE ACADEMY Application for Admission

Please type or print:

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

LIST ANY OTHER NAME(S) USED: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_

DRIVER'S LIC. #: \_\_\_\_\_ STATE: \_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MESSAGE PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POSITION / TITLE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

**CRIMINAL HISTORY: Have you ever been arrested and convicted of a crime other than a traffic infraction?** NO \_\_\_\_ YES \_\_\_\_ **If YES, please explain on next page.**

Please list a personal reference (NOT a relative):

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

If you are currently active with any neighborhood, community or civic organization, please list below:

\_\_\_\_\_

Have you applied for this Academy in the past? \_\_\_\_ No \_\_\_\_ Yes / If so, when? \_\_\_\_\_

**Attach on a separate sheet a short statement as to why you desire to attend the Citizen's Academy.**

**\*\* INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED \*\***

*"We Promote a Safe Community and Quality of Life Through Protection and Service"*

**CRIMINAL HISTORY:**

If you have been arrested and convicted of any felony and/or misdemeanor crime, please list below the crime, date and location of occurrence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT MUST BE AT LEAST 19 AND HAVE NO PRIOR FELONY CONVICTIONS OR MISDEMEANOR ARRESTS WITHIN THE PAST 12 MONTHS PRIOR TO THE ACADEMY.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the importance of my commitment to attend all classes of the Citizen’s Police Academy. I understand and accept that to continue and graduate from the Citizen’s Police Academy, I cannot miss more than 2 classes. I acknowledge that the Wenatchee Police Department reserves the right to rescind my enrollment at any time during the course of the academy. I understand that I must notify the Academy Director if I am contacted by any law enforcement officer for any reason during the course of this academy.

\_\_\_\_\_  
SIGNATURE OF APPLICANT \_\_\_\_\_  
DATE

RETURN COMPLETED APPLICATION TO:

Wenatchee Police - Citizens’ Police Academy  
140 South Mission Street Wenatchee, Washington 98801  
Phone: 888-4200

You will be advised by letter of your application status.

\*\*\*\*\*

WPD USE ONLY:

DATE REC: \_\_\_\_\_ DATE BACKGROUND COMPLETED: \_\_\_\_\_ BY \_\_\_\_\_

ACCEPTED: \_\_\_\_\_ YES \_\_\_\_\_ NO / REASON: \_\_\_\_\_

DATE NOTIFIED: \_\_\_\_\_ via \_\_\_\_\_ LETTER \_\_\_\_\_ PHONE BY WHOM: \_\_\_\_\_

**WENATCHE POLICE DEPARTMENT  
CITIZENS' POLICE ACADEMY**

**Background Release**

**Background Investigation:**

This document constitutes a Consent, Release / Agreement of Indemnification and permission to conduct a background check entered on the date provided below and signed by the applicant.

As an applicant in the City of Wenatchee Police "Citizens' Police Academy", I hereby authorize the Wenatchee Police to conduct a criminal history background investigation.

I understand that all available police and criminal records will be checked by this department and will be used to determine my eligibility for the Citizens' Police Academy. All information will remain confidential to the extent required and/or authorized by the Washington and Federal statutes.

**Release Form**

The undersigned, in consideration for the privilege of being a participant in the Citizens' Police Academy, and recognizing that such activity involves certain inherent risks and dangers, does hereby agree to assume the risks attendant to all activities associated with the participation of the Citizens' Police Academy.

The undersigned for him/herself, legal representatives, heirs, and assigns does hereby release and discharge the City of Wenatchee, its officers, agents and employees from any liability for any loss or damage or any claim of damages resulting from my participation in the Citizens' Police Academy on account of any injury to my person or property whether caused by negligence of the Citizens' Police Academy, its officer, agents, and employees, or otherwise, while I am participating in the Citizens' Police Academy.

The undersigned hereby agrees to indemnify, defend and hold harmless the City of Wenatchee, its officers, agents and employees from any and all claims, losses, damages, causes of action, liability, including all expenses of litigation for injury to myself or any person or loss of property arising out of my participation in the Citizens' Police Academy.

The City of Wenatchee does not provide participants in the Citizens' Police Academy with any type of health insurance. The emergency vehicle operations training in this academy does not guarantee or certify proficiency in the use of any motor vehicle.

Applicant Name: \_\_\_\_\_

PRINT

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed by: \_\_\_\_\_

PRINT SIGNATURE

**RETURN THIS FORM WITH THE APPLICATION**

*"We Promote a Safe Community and Quality of Life Through Protection and Service"*

**WENATCHEE POLICE DEPARTMENT  
CITIZENS' POLICE ACADEMY**

**Photo Display/Model Release**

I grant the City of Wenatchee the right to print, publish, broadcast, and/or televise any or all photographic or video images of myself taken by the City of Wenatchee, or its designated agent, for use in commercial advertising, public service announcements, displays, publications, and public relations efforts. I further release the City of Wenatchee of any and all future claims and rights to these images.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (Please Print)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

**RETURN THIS FORM WITH THE APPLICATION**

