

**ANAHEIM POLICE DEPARTMENT
CITIZEN ACADEMY APPLICATION**

FIRST NAME	MIDDLE NAME	LAST NAME
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SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	MALE	<input type="checkbox"/>
		FEMALE	<input type="checkbox"/>

NICKNAMES OR ALIASES	Email:
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PRESENT MAILING ADDRESS	STREET
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CITY	STATE	ZIP
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HOW LONG? YEARS/MONTHS	HOME PHONE	WORK PHONE
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EMPLOYER	OCCUPATION
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STREET	CITY	STATE	ZIP
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DATE OF BIRTH	PLACE OF BIRTH
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U.S. CITIZEN?	NATURALIZED?	OTHER
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PLEASE LIST ANY CIVIC ORGANIZATIONS THAT YOU ARE INVOLVED WITH:

PERSON TO NOTIFY IN CASE OF EMERGENCY	NAME & ADDRESS	PHONE NUMBER
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I consent to a personal record check to determine eligibility for the Department's Citizen Academy. If accepted as a student, I agree to abide by all the rules and regulations of the Academy and the Department and to have no more than two absences during the 14 week class.

Applicant's Signature

Date

**Mail to: Anaheim Police Department, 425 S. Harbor Blvd, Anaheim, CA 92805
Attn: Volunteer Desk – P.A.C.E. Citizen Academy- or FAX: (714) 765-1536**