



Concord Police Department
1350 Galindo Street, Concord, CA 94520
Phone: (925) 671-3184
FAX: (925) 691-6640

Thank you for your interest in our Citizen Police Academy. We request that you fill out the information below. Due to the limited number of spaces, not everyone will be able to participate; therefore you will be notified if you are selected. The Academy runs 10 weeks, from 6:30 p.m. until 9:30 p.m. on Thursday nights. Please also complete the "Ride-along" (Citizen Police Academy) form on the back of this page, as this form needs to be processed in advance as a part of the Academy. Thank you.

Date: _____

Name: _____ Date of Birth: _____

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

Occupation and Address: _____

Reason for Participation: _____

PLEASE RETURN THIS FORM TO: Margaret Romiti
Citizen Police Academy Coordinator
1350 Galindo Street
Concord, CA 94520

Guy Swanger • Chief of Police



CONCORD POLICE DEPARTMENT
APPLICATION FOR CITIZEN POLICE ACADEMY

Date _____

Full Name _____ Sex _____ Birth date _____

Driver's License Number _____

Current Address _____

Prior Address _____

Home Phone _____ Work Phone _____

Table with 4 columns: Question, Yes, No, Yes, No. Rows include: 'Have you ever been arrested?', 'Have you, or any member of your immediate family, actively participated in a confrontation with police or any other law enforcement agency?', 'Are you now or have you ever been a member of any organization that advocates the overthrow of the government?'.

If you answered yes to any of these questions, please attach a detailed explanation.

Please indicate what day(s), hour(s) you would like to ride: _____

State your objective in observing police operations:

Four horizontal lines for writing the objective.

Person to notify in case of emergency:

Name _____ Phone _____ Relationship _____

Address _____

I understand that any false statement of information will disqualify my request, also that the Concord Police Department may reject any request without explanation.

If permission is given to accompany a member of the Concord Police Department on patrol, I agree to abide by all required rules and regulations, including instructions from the police officer on patrol.

I hereby release the City of Concord, the Concord Police Department, and all its members of any liability resulting from any illness or injury incurred by me during my time spent as an observer with the Concord Police Department.

Signed _____

You will be notified by a Concord Police representative on the status as soon as possible.

Approved Rejected By _____ Notification: date/time _____

Ride scheduled for _____ from _____ to _____

with Officer _____