

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 Phoenix 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 Phoenix 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 _____

Signature _____

Date _____

***Please complete this form and return it to:
Phoenix Police Department
Public Affairs Bureau
620 West Washington Room 123
Phoenix, Arizona 85003
Phone: 534-5050, Fax: 534-4831***

Privacy Act Notice: The Police Department's application form for the Citizen Police Academy requests your social security number. Disclosing your social security number on these forms is voluntary. The request is made pursuant to the Police Department's practice of requiring program participants to undergo a criminal history record check and using their social security numbers along with other identifying information to conduct criminal history record checks on them. This information is necessary for the Police Department to obtain accurate criminal history record information and will be used only for that purpose. Signing below indicates that you have read and understand that your social security number will be used by the Police Department to obtain access to your criminal history record information