



**CITY OF ASTORIA**  
Founded 1811 – Incorporated 1856

POLICE DEPARTMENT

**2016 ASTORIA CITIZEN POLICE ACADEMY**  
**APPLICATION FOR ADMISSION**

To apply for the 2016 Astoria Citizen Police Academy please fill out, sign, and return all parts of the application to the Astoria Police Department no later than **5pm on Monday, August 15, 2016.**

Applications that are not complete, or not signed, will not be considered for this year's academy.

Completed applications can be dropped off or mailed to:  
**Astoria Police Department**  
**555 30<sup>th</sup> Street**  
**Astoria, OR 97103**

Applications can be emailed to:  
**arandall@astoria.or.us**



**CITY OF ASTORIA**  
Founded 1811 – Incorporated 1856

## POLICE DEPARTMENT

# 2016 ASTORIA CITIZEN POLICE ACADEMY APPLICATION FOR ADMISSION

Name: \_\_\_\_\_  
Last First Middle Maiden/other

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Have you ever been arrested for a crime (*not traffic violations*)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

How did you hear about the Academy? \_\_\_\_\_

What do you expect to gain from attending this Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What experience have you had with police? Do you consider these experiences to be positive or negative?

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

If you believe you have a disability requiring accommodation, please contact Officer Andrew Randall at 503-325-4411 or at: [arandall@astoria.or.us](mailto:arandall@astoria.or.us)



**CITY OF ASTORIA**  
Founded 1811 – Incorporated 1856

## POLICE DEPARTMENT

### **AUTHORITY TO CONDUCT BACKGROUND INVESTIGATION**

As an applicant, to participate in the Astoria Citizen Police Academy, I hereby authorize the Astoria Police Department to conduct a criminal history background investigation. I understand that such background investigation is being conducted due to the content of the classes given at the Academy.

I understand that available police and criminal records will be checked and that the information will be used in determining my eligibility for the Citizen Police Academy. All information will remain confidential as provided by Oregon and Federal Statutes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

### **PARTICIPATION AGREEMENT**

I understand that space is limited, allowing only a maximum of twenty students to participate in the Citizen Police Academy. Therefore, I agree to attend at least four of the five scheduled sessions. Additionally, I agree to arrive promptly and to complete and return the evaluation form provided for each session.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name