## **BRACKEN COUNTY SHERIFF OFFICE**

## **Citizen Police Academy Application**

Name:	
Address:	
Home Phone #:()	Work Phone #:()
Date of Birth: / /	Driver License # & State:
Occupation:	
Reason(s) for wanting to attend the Citizen Academy:	
Who do you know that is involved in law enforcement?	
If so, when, where, and the charge:	
How did you hear about the Citizen Police Academy?	
Do you authorize the Bracken County Sheriff's Office to run a criminal history check?   Yes No Shirt Size S M L XL XXL (circle)	
Signature:	Date: / _/
For Office Use Only	
Academy Number:	Start Date:
Accepted:	Declined:
Reason:	