

APPLICATION

PELLA CITIZEN POLICE ACADEMY

PELLA POLICE DEPARTMENT

Robert A. Bokinsky, Chief of Police

Name: _____ (First, Middle, Last)

Date of Birth: _____

Sex (M/F)

Address: _____

Email: _____

Home Phone: _____

Work Phone: _____

Driver's License Number: _____

Employer: _____

Occupation: _____

Employer's Address: _____

***Excluding traffic offenses, have you ever been convicted of a criminal offense?**

Yes No If Yes Please explain: _____

What would you enjoy learning from this program?

Will you be able to attend all sessions? Yes No

I hereby certify that all the information contained in this application is true and complete to the best of my knowledge. The Pella Police Department is authorized to verify any of the above information deemed necessary for consideration to attend the Pella Citizen Academy.

Signature

Date