FRESNO POLICE DEPARTMENT
RESIDENTS’ ACADEMY
ENROLLMENT APPLICATION

Name:____________________________________________________________________________
(First)  (Middle)  (Last)

Address:__________________________________________________________________________
(Street)  (City)  (State)                   (zip)

Phone:__________________________________    Cell/Alt.:____________________

Date of Birth:___________________________

E-mail Address:______________________________    Driver License Number:________________

Student Information for Fresno/Central Unified School District: (if applicable)

<table>
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<th>Nombre</th>
<th>Segundo Nombre</th>
<th>Apellido</th>
<th>Año escolar</th>
<th>Fecha de Nacimiento</th>
<th>Escuela</th>
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Emergency, contact:___________________________________________________________
(Name, Address, Phone Number & Relationship)

What interests you in attending the Residents Academy?

How did you hear about the Residents Academy?

Potential candidates for the Citizens’ Police Academy must meet the following requirements:
• Minimum of 18 years of age
• Live or work in the City of Fresno
• Have no felony convictions
• Have no misdemeanor convictions within one year of application
• Not be on parole or probation

Final approval is at the discretion of the Fresno Police Department. Participants will be notified via email/telephone one week prior to start date. Your signature on this form authorizes the Fresno Police Department to perform a criminal history check for purposes of admission to the Residents Academy.

Signature:_____________________________________________Date____________________

Submit you completed application prior to 8/30/21:
US Mail: City of Fresno-Office of Neighborhood Safety Community Engagement
1900 Mariposa Street, Suite 121, Fresno, CA 93721
Email: mgpi@fresno.gov

RESIDENTS ACADEMY INFORMATION LINE (559) 621-2353

FUSD PU Office Use only

Region:          School:
Module: RESIDENTS’ ACADEMY       Session: ____________