Residents’ Police Academy

# enrollment application

## Application Information

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  |  | Date: |  |  |
|  |  | Last | First | M.I. |  |  |  |  |
| Address: |  |  |  | Phone: |  |  |
|  |  | Street address | Apt/Unit # |  |  |  |  |
|  |  |  |  | Email:  |  |  |
|  |  | City | State | Zip Code |  |  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Birth |  |  |  | DL or ID number (proof of CA Residency) |  |  |  |  |
|  |  |

## Emergency contact information

|  |  |
| --- | --- |
| Full name, phone number and relationship: |  |

Potential Candidates for the Residents’ 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

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that final approval is at the discretion of the Fresno Police Department. Participants will be notified via email/phone at least one week prior to the 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’ Police Academy.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |

Submit completed application to PDresidentsacademy@fresno.gov or mail to Residents’ Police Academy 2323 Mariposa Mall, Fresno, Ca, 93721

For questions, you may contact us directly by phone at 559-621-2346.