

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email; \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Employer/School: \_\_\_\_\_

**\*\*All applicants are subject to a criminal history background check\*\***

Why do you want to attend the LPD Citizens Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you hope to gain from your experience in the LPD Citizens Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Which Civic/Community clubs or organizations are you a member of? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to commit one night per week and 2 Saturdays for the duration of the Academy?  
Yes / No

*By signing below, you are giving full consent for the Lakewood Police Department to conduct a criminal history background check to include local databases regarding prior police contacts. The results of the background check are confidential and will not be released.*

*Applicants will be contacted via email advising them if they have been accepted and placed in the academy. Those that do not make the group this year can choose to have their application kept on file for the next Citizens Academy. Preference will be given to City of Lakewood residents.*

Applicant Signature; \_\_\_\_\_ Date: \_\_\_\_\_

**Applications are due no later than close of business on Thursday August 19, 2021.** Applications should be directed to Lt. Andy Gildehaus. Email completed applications to:

[Agildehaus@cityoflakewood.us](mailto:Agildehaus@cityoflakewood.us)

**253-830-5018 office**

**253-830-5069 fax**