

# IOWA QUAD CITIES POLICE DEPARTMENTS' CITIZEN ACADEMY APPLICATION

NAME (Last, First, Middle): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

E-MAIL: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ SEX: \_\_\_\_\_

DRIVER LICENSE #: \_\_\_\_\_ STATE \_\_\_\_\_

EMPLOYER NAME & ADDRESS: \_\_\_\_\_

\_\_\_\_\_ OCCUPATION: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR ANYTHING OTHER THAN A TRAFFIC VIOLATION? \_\_\_\_\_ IF YES, WHERE, WHEN, WHAT CHARGE? \_\_\_\_\_

THIS APPLICATION IS FOR SPONSORSHIP BY: (Name of Sponsoring Department)

\_\_\_\_\_ Bettendorf Police Department

\_\_\_\_\_ Scott County Sheriff's Department

\_\_\_\_\_ Other Agency \_\_\_\_\_

**I REALIZE THAT PRIOR TO BEING APPROVED FOR ATTENDANCE, A CRIMINAL HISTORY CHECK WILL BE MADE AND I HEREBY GIVE MY CONSENT FOR THAT CHECK.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

RETURN TO BETTENDORF POLICE DEPARTMENT, 1609 STATE STREET, BETTENDORF, IA 52722, ATTN: CSO JUDY WELCH

Return no later than 7 days before the first session.

**SPONSORING DEPARTMENT USE ONLY**

Date Received by Class Coordinator \_\_\_\_\_

Criminal History Check by \_\_\_\_\_

Date \_\_\_\_\_

Applicant Approved by \_\_\_\_\_

Date \_\_\_\_\_

Applicant Notified by \_\_\_\_\_

Date \_\_\_\_\_