

**CITIZENS ACADEMY APPLICATION**  
**Bend Police Department**  
555 NE 15<sup>th</sup> Street  
Bend, OR 97701  
(541) 322-2976

Applicant's Name: \_\_\_\_\_  
Last First Middle

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Email \_\_\_\_\_

**CRIMINAL HISTORY:**

Have you ever been arrested and convicted of a crime other than traffic offenses?  
Yes \_\_\_ No \_\_\_ If yes, please explain:

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

Emergency Contact: \_\_\_\_\_  
Name Home Phone

How did you hear about the Citizens Academy?

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

**PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION:**

As an applicant for the Bend Police Department Citizens Academy, I hereby authorize the Bend Police Department to conduct a criminal history background investigation. I understand that this criminal history check is being conducted due to the nature of the classes given at the Citizens Academy.

I understand that all available police and criminal records will be checked and the Information will be used in determining eligibility of applicants for the Citizens Academy. All information is to remain confidential by Oregon and Federal Statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**NOTE: You will be expected to attend at least 75% of the classes. If you cannot commit for this session you may want to opt for the next Academy.**