



Riverside Police Department
CITIZENS POLICE ACADEMY
Application for admittance

NAME: _____

DOB: _____ SOCIAL SECURITY # _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ EMAIL: _____

OCCUPATION: _____

BUSINESS NAME: _____ BUS. PHONE: _____

BUS. ADDRESS: _____

CITY/STATE/ZIP : _____

Do you have any law enforcement experience? (If yes, please explain.)

Please List one character reference:

Name: _____ Title: _____

Address: _____

City/State/Zip: _____

Occupation: _____

Home Phone : _____ Business phone _____

Years Acquainted: _____ How acquainted: _____

Have you ever been convicted of any criminal offense other than traffic charges? _____

If yes, please provide date and pertinent details. _____



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Reason for wanting to attend the Citizen Police Academy: _____

Participants **MUST** be at least 18 years of age, live, work, or attend school in Riverside, Missouri.

Please indicate whether you can attend a future session if class space is not available for this session. Yes _____ No _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Riverside, Missouri Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED APPLICATION TO:

Captain Gary McMullin
Coordinator - Citizens Police Academy
2990 NW Vivion Road
Riverside, Missouri 64150



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AUTHORIZATION FOR RELEASE OF INFORMATION / CONSENT FORM

I hereby authorize the Riverside Police Department to obtain and/or receive any criminal history record and/or driving history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Missouri, any other State, or any other country. The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied, or otherwise reviewed:

- **Criminal History Record**
- **Driver History Record**

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature. This release is executed with full knowledge and understanding that the information is for the official use of the Riverside Police Department in determining my suitability to attend the Citizens Police Academy.

I hereby waive and release any claims against any party, which I may have as a result of the release of any records or information referenced in this authorization. I acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

I am furnishing my Social Security Number on a voluntary basis with the understanding such is not required by federal statute or regulation. I have been advised that this number will be utilized only to facilitate the location of the above information/records concerning me in connection with this application.

Print Full Name: _____

Signature: _____

Today's Date: _____

FOR OFFICIAL USE ONLY

Information verified by: _____ Date: _____