



GREYBULL POLICE DEPARTMENT

CITIZEN'S POLICE ACADEMY APPLICATION

Applicant Information			
Name:		Preferred Name:	
Other Names Used (include nicknames & maiden name):			
Home Address:			
City:		State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Date of Birth:	Race	Sex	SSN
Driver's License Number/State		Occupation	
How long have you lived in Greybull?		Years	Months
Employment/Education Information			
Current Employer:			
Employer Street Address:			
City:		State:	Zip:
Employer Phone:			
Education (Please Mark One)		High School	Associate Degree Bachelor's Degree
Emergency Contact Information			
Name:		Relationship:	
Address:			
City:		State:	Zip:
Home Phone:	Work Phone:	Cell Phone:	
Criminal History			
Have you ever been arrested for any offense other than a minor traffic offense?			
If Yes, list criminal offense, date and location.			
Signature			
I hereby certify that the information contained in this application is true and to the best of my knowledge. The GREYBULL POLICE DEPARTMENT is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy.			
Signature:		Date:	
For Official Use Only			
Information verified by:		Date:	

QUESTIONNAIRE

How did you hear about the academy?

Why do you want to participate in the Citizens Police Academy program?

What do you expect to gain from attending?

Will you be able to attend all class sessions?

Is there any reason you can't participate in any of the training?

What experience have you had with law enforcement? (circle one) Positive/Negative
Briefly explain:

Please list organizations, associations, or community groups to which you currently belong.

List your hobbies and interests:

How do you plan on sharing your experience and newly acquired knowledge with your community after completion of the academy?

GREYBULL POLICE DEPARTMENT

Whereas, the GREYBULL POLICE DEPARTMENT wishes to provide law enforcement training to private citizens and Whereas, during the course of such training the recipients will have access to documents and information declared by WYOMING to be confidential, and

Whereas, the GREYBULL POLICE DEPARTMENT may become legally liable for the release of confidential documents and information, and

Whereas, the GREYBULL POLICE DEPARTMENT wishes assurance that private citizens participating in the Citizen's Police Academy will not release confidential information without authorization,

Whereas, the GREYBULL POLICE DEPARTMENT wishes assurance that private citizens participating in the Citizen's Police Academy will not release confidential information without authorization,

Whereas, in consideration of the law enforcement training which the GREYBULL POLICE DEPARTMENT will provide, the undersigned recipient of such training agrees to release The City of GREYBULL and it's employees from any judgment of a claim based upon the unauthorized release of dissemination of confidential documents of information by the undersigned.

Signed: _____

Date: _____

Witnessed by: _____

Date: _____

**GREYBULL POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION/CONSENT FORM**

I hereby authorize the GREYBULL POLICE DEPARTMENT to obtain and/or receive any criminal history record and/or driving history record information pertaining to me which may in the files of any state or local criminal justice agency in WYOMING, 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 and 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 the full knowledge and understanding that the information is for the official use of the GREYBULL 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 and 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 Account 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. Should there be any question as to the validity of this Release, you may contact me as indicated below.

PRINT FULL NAME: _____

SIGNATURE: _____

DRIVERS LICENSE NUMBER: _____

STREET ADDRESS: _____

HOME PHONE NUMBER: _____ BUSINESS PHONE NUMBER: _____

DATE OF BIRTH: _____ RACE: _____ SEX: _____ SSN: _____

TODAY'S DATE: _____