



# Gulfport Citizens Police Academy

## Application



### ***Membership Information:***

Which session are you interested in? Spring _____ Fall _____
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First Name:  Middle Name:  Last Name:

Birth Date:  /  /  Gender:  Male  Female

Home Address:   
( No P.O. Box )

(City)  (State)  (Zip Code)

Work Address:   
( No P.O. Box )

(City)  (State)  (Zip Code)

Home Phone #:    Work Phone #:    Email Address:

Cell phone or other contact phone #:    Other phone #:

### **Emergency Contact Information:**

Name	Address	Phone #	Phone #	Relationship

**Why do you wish to participate in this program?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What, if any, is the extent of your involvement in the community? (Clubs, Social Groups, etc.?)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Can you fulfill the commitment to attend all classes for the duration of the Citizen Police Academy? Yes \_\_\_\_\_ No \_\_\_\_\_**  
If No please comment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**What do you hope to gain from the Academy?**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Photo/Media Release:**

I acknowledge and understand that publicity activities such as interviews, photos, and videotaping may occur. I consent and permit such, as a participant in the Gulfport Citizens Police Academy Program and events, to be photographed, videotaped, and/or interviewed for publicity activities.

**Background Check and Removal from Program:**

I give my consent to the Gulfport Police Department to do a standard background check using the information I have provided in this application and understand that a prior Felony Conviction will prohibit my participation in the Citizens Police Academy. Further I understand that the Gulfport Police Department may deny my application based on any of my affiliations or actions that the staff finds to be in conflict with the mission of the program. Upon acceptance to the program I understand and agree that the Gulfport Police Department has the authority to dismiss me during the program for any issue that causes conflict with the mission of the program. Written cause will be provided to anyone that is denied or dismissed during the program due to conflicts. Space is limited and will be accepted on a first come first serve basis.

\*All information provided will be held confidential.

**\*\*By signing below, I acknowledge that I understand and agree to all of the above and that all information provided is accurate.**

\_\_\_\_\_  
Applicant Name (Print)

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

\_\_\_\_\_  
Date

For any question please contact: 228-868-5703

Please mail or fax application to:

Gulfport Police Community Relation Division  
2220 15<sup>th</sup> St  
Gulfport, MS 39501  
Fax 228-868-5837

Staff Use Only:

Date Received:	
Approved	Denied

Denial Reason:


Contact Date:	
Session Scheduled for:	
Employee Contacting:	

Comments:
