



Centralia Police Department Citizens' Academy

Name _____ Date of Birth _____

Race _____ Sex _____ Driver's License Number _____

Address _____

Phone Number _____ Cell _____ Email _____

Occupation _____

Why do you wish to attend the Citizens' Academy?

How did you hear about the Citizens' Academy?

Have you ever been arrested/convicted of a crime in the United States?

Yes No

If yes please explain:

All applicants are subject to a background check conducted by Centralia Police Department in conjunction with the Washington State Patrol. By signing this application you are agreeing to the background check.

Signature _____ Date _____

Return completed application to
Centralia Police Department Citizens' Academy
PO Box 609, Centralia, WA 98531
For more information contact Jennifer Krueger at 330-7680