



**Concord Police Department**  
1350 Galindo Street, Concord, CA 94520  
Phone: (925) 671-3184  
FAX: (925) 691-6640

Thank you for your interest in our Citizen Police Academy. We request that you fill out the information below. Due to the limited number of spaces, not everyone will be able to participate; therefore you will be notified if you are selected. The Academy runs 10 weeks, from 6:30 p.m. until 9:30 p.m. on Monday nights. Please also complete the "Ride-along" (Citizen Police Academy) form on the back of this page, as this form needs to be processed in advance as a part of the Academy. Thank you.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Occupation and Address: \_\_\_\_\_

Reason for Participation: \_\_\_\_\_

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

**PLEASE RETURN THIS FORM TO:** Margaret Romiti  
Citizen Police Academy Coordinator  
1350 Galindo Street  
Concord, CA 94520

*Guy Swanger • Chief of Police*



CONCORD POLICE DEPARTMENT
APPLICATION FOR CITIZEN POLICE ACADEMY

Date \_\_\_\_\_

Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Current Address \_\_\_\_\_

Prior Address \_\_\_\_\_

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

Table with 4 columns: Question, Yes, No, Yes, No. Rows include: 'Have you ever been arrested?', 'Have you, or any member of your immediate family, actively participated in a confrontation with police or any other law enforcement agency?', 'Are you now or have you ever been a member of any organization that advocates the overthrow of the government?'.

If you answered yes to any of these questions, please attach a detailed explanation.

Please indicate what day(s), hour(s) you would like to ride: \_\_\_\_\_

State your objective in observing police operations:

Four horizontal lines for writing the objective.

Person to notify in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

I understand that any false statement of information will disqualify my request, also that the Concord Police Department may reject any request without explanation.

If permission is given to accompany a member of the Concord Police Department on patrol, I agree to abide by all required rules and regulations, including instructions from the police officer on patrol.

I hereby release the City of Concord, the Concord Police Department, and all its members of any liability resulting from any illness or injury incurred by me during my time spent as an observer with the Concord Police Department.

Signed \_\_\_\_\_

You will be notified by a Concord Police representative on the status as soon as possible.

Approved Rejected By \_\_\_\_\_ Notification: date/time \_\_\_\_\_

Ride scheduled for \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_

with Officer \_\_\_\_\_