

CITIZENS PUBLIC SAFETY ACADEMY

APPLETON POLICE DEPARTMENT
222 S Walnut Street
Appleton, WI 54911
(920)832-500
www.appleton.org/residents/police



Full Name (First/Middle Initial/Last)	Gender: (Male / Female)	Date of Birth (Month/Day/Year)	
Home Address	City	State	Zip Code
Employer	Position / Title		
Employer Address			
Home Telephone	Cellular Telephone	E-Mail Address	

EMERGENCY CONTACT INFORMATION

Name of person tocontact	Relationship (Relative/Friend)
Address of person to contact	
List all available telephone numbers available to reach contact person	

BRIEFLY STATE YOUR INTEREST IN ATTENDING THE CITIZEN ACADEMY

Brief Summary:

ORGANIZATIONAL MEMBERSHIP

Please list any organizations, associations, or community groups to which you belong to:



Signature of applicant

Date

Approved by:	Class date
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