

Salinas Community Police Academy Application



Please answer the following questions:

How did you hear about the Community Police Academy?

Have you ever had any adverse contact with law enforcement? (Please Explain)

Why are you interested in attending the Community Police Academy?

Have you ever attended a Community Police Academy before? If so, please give dates and location.

Do you have friends or relatives that have attended any of the previous academies? If so, list names:

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Last Name: _____ First Name: _____

Other names used: _____

Home Address

Street: _____

City: _____ State: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Place of employment or school (if retired put N/A): _____

Street: _____

City: _____ State: _____

Length of Residency in Salinas: _____

Educational Background: _____

Driver's License #: _____ Date of Birth: _____

Email Address: _____

You may miss only one of the twelve sessions. Are you willing to make such a commitment?
 Yes No

Participation in the Salinas Police Community Academy is voluntary. I hereby authorize the Salinas Police Department to conduct a criminal records check to determine eligibility to participate.

Applicant's Signature: _____ Date: _____

***Please return completed application to:
Sergeant Kendall Gray
Salinas Police Department Community Services,
222 Lincoln Avenue, Salinas, CA 93901 Ph: (831) 758-7224 Fax: (831) 758-7982***