

Tigard Citizens Police Academy

Full Name: _____ Date: _____

First Middle Last

Home Address: _____ Home Phone: _____

City: _____ Zip Code: _____

Email Address: _____ Length of Residence in Tigard? _____

Employer: _____ Work Phone: _____

OR Drivers License # _____ Date of Birth: _____

Educational Background: _____

Occupational Status and Background: _____

Previous Community Activity or Involvement: _____

Why do you want to participate in the Citizens Police Academy? _____



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

Applicant's Signature: _____

Please return completed application to:
Tigard Police Department, 13125 SW Hall Blvd, Tigard, OR 97223 Ph: (503) 718-2561 Fax: (503) 718-2645