Warner Robins Police Department
Citizen's Police Academy Application

Name: _____
Last First Middle

Address: _____
Number & Street City

Phone Number: _____ / _____
Home Work or Cell

Employer: _____

What is your perception of the Police Department?

_____

_____

_____

What do you know about the Police Department?

_____

_____

_____

Why do you want to attend the Citizen's Police Academy?

_____

_____

_____

How did you hear about the Citizen's Police Academy?

_____

Criminal History Information

_____	_____	_____	_____	_____	_____
Social Security Number	Date of Birth	Race	Sex	Driver's License Number	State

I certify that the above information is true and complete. I authorize the Warner Robins Police Department to conduct a criminal and drivers background check.

_____ _____
Signature Date

_____ _____
Witness Date

Please email this form to Lt. Jeff McCommon at jmccommon@wrga.gov OR return to the Warner Robins Police Department at 100 Watson Blvd.