

**OWENSBORO POLICE
DEPARTMENT**

**CITIZEN POLICE
ACADEMY
APPLICATION (2023)**

(Please print or type information)

FULL LEGAL NAME: _____
(Last) (First) (Middle)

Date of Birth: _____ **Sex:** _____ **Race:** _____ **Social Security Number:** _____ - _____ - _____

Current Address: _____
(Street Address) (Apt #)

(City) (State) (Zip Code)

Telephone: _____ **Email:** _____

Employer: _____

Work Address: _____
(Street Address)

Work Phone: _____

List any Organizations that your are affiliated with: _____

Briefly state why you would like to be in the CITIZEN POLICE ACADEMY:

Have you, since the age of 18, ever been charged or convicted with a criminal offense or a driving violation?

Conviction(s) do not necessarily mean you will be removed from further consideration. *

If answer is yes, please provide date(s), location(s) and explanation(s):

Please Read:

Your signature on this form indicates you are granting permission for the Owensboro Police Department to conduct a Criminal History check on you, prior to your participation in the Citizen Police Academy. It is further agreed that should this Criminal History check reveal any convictions of a criminal nature or high traffic offense, the Owensboro Police Department may, at their discretion, disallow your participation in this program.

Signature: _____ **Date:** _____

Please return to :
Owensboro Police Department
Attention: Sergeant Jason Goddard
222 E 9th St
Owensboro, KY 42303

Contact Information:
Sgt. Jason Goddard
270-687-8826
jason.goddard@owensboro.org