

LOUISVILLE METRO POLICE DEPARTMENT
APPLICATION FOR THE CITIZENS POLICE ACADEMY

Name: _____

Address: _____ Zip: _____

Date Of Birth: _____ SSN#: _____

Male: Female: Occupation: _____

Telephone: (Home) _____ (Work) _____

Please list any Louisville community organizations in which you are currently active:

Explain in a few words why you are interested in attending the Citizens Police Academy and how did you learn of the program:

Applicants must be 21 years of age or older and either live or work in Louisville, KY. All applicants will be subjected to a background check and submission of this application implies consent to this background check. Participants are expected to make a commitment to attend all class sessions, which will be held on Thursday evenings from 7:00 P.M. to 9:30 P.M., for twelve weeks. Classes are held twice a year and begin in March and September. Classes will be held at various sites in Louisville. Applicants will be notified through mail of acceptance to attend. If you have any special needs please notify Officer Minerva Virola at (502) 367-7238 or 432-2263, so that we may make appropriate accommodations.

Please return to Officer Minerva Virola, Louisville Metro Police Department, 709 Fairdale Road Louisville, KY 40118 or Fax 502- 361-1336

SIGNATURE: _____