

# Federal Way Police Department Citizens Police Academy Application

Applicants Name: \_\_\_\_\_  
(Legal) Last First MI

Address: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Occupation: \_\_\_\_\_

Phone: \_\_\_\_\_  
Home Cell

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Phone #

## Permission to Conduct a Records Check

As an applicant for the Federal Way Police Department Citizen's Academy, I hereby authorize the Federal Way Police Department to conduct a criminal history records check. I understand that this criminal history check is being conducted due to the nature of the classes given, and that the information will be used in determining eligibility for all applicants to the citizens' academy. All information will remain confidential as required by Washington and federal statutes.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

How did you hear about our Citizens' Police Academy?

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Please tell us why you are interested in the Citizens' Police Academy.

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Please list any community groups or affiliations.

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**Spring Citizen's Police Academy Dates:  
April 3rd-May 22nd, 2019**

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