



Memphis Police Department

Clergy Police Academy (CLPA)

Application for Enrollment



Name: _____ Race/Sex: _____ DOB: _____

Driver's License (state & number): _____ SS#: _____

Hm Ph#: _____ Wk Ph#: _____ Cell Ph#: _____

Hm Address: _____

City/State/Zip: _____ Email: _____

Place of Worship/Name of Church: _____

Address: _____ Ph#: _____

Position held at your place of worship: _____ How many years: _____

Theological Training/Ordained: Yes ___ No ___ Degree/Certificate: Yes ___ No ___

Degree Type _____ Place of Training: _____

**Criminal background checks will be conducted as a requirement for CLPA enrollment.
Do you consent to being subject to a criminal background check? Yes ___ No ___**

Have you ever been convicted of a crime? Yes ___ No ___

If yes, indicate: State _____ Date _____ Charges _____

This first session of the Clergy Police Academy will be limited to 50 students. Submitting an application does not guarantee acceptance into the class. However, submitting applications as early as possible is strongly encouraged to increase likelihood of class enrollment.

If selected to become a participant in the Memphis Police Department's Clergy Police Academy, I do hereby agree to attend all sessions as scheduled. I further agree to use the information obtained from the CLPA experience to help support and assist law enforcement efforts throughout the community.

Applicant Signature

Date

Office Use Only: Date Received _____ Initials _____ Date Approved _____ Initials _____

