



# Memphis Police Department Citizen's Police Academy Application for Enrollment



Place an **X** by the **Police Station** you plan to **attend** for **CPA Classes**:

Old Allen Station _____	Raines Station _____	Mt. Moriah Station _____
Union Station _____	Tillman Station _____	South Main Station _____
Airways Station _____	Ridgeway Station _____	Appling Farms Station _____

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Last name,                      First name                      Other Names- if applicable

Social Security Number: \_\_\_\_\_ Driver's License/ State ID Number/State: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone #: Home (    ) \_\_\_\_\_ Cell (    ) \_\_\_\_\_ Work (    ) \_\_\_\_\_

Employer's Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Criminal background checks will be conducted as a requirement for CPA enrollment.**  
 Do you consent to being subject to a criminal background check?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been the victim of a crime?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 Have you ever been convicted of a crime?    Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, indicate: State \_\_\_\_\_ Date \_\_\_\_\_ Charges \_\_\_\_\_

**Briefly state why you want to receive this Citizen's Police Academy Training:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**NOTE: All applications must be returned to your CPA Police Station's Neighborhood Watch Coordinator. Applications will not be accepted or processed after training begins. Qualified applicants will be selected to attend class on a first come basis. Submitting an application does not guarantee acceptance into the class.**

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

\_\_\_\_\_  
 Applicant Signature \_\_\_\_\_  
Date

*Office Use Only: Date Received \_\_\_\_\_ Initials \_\_\_\_\_ Date Approved \_\_\_\_\_ /Rejected \_\_\_\_\_ Initials \_\_\_\_\_*