



Edina Police Department
EPD Citizens' Academy

Application Form

Complete Name: _____
(Last) (First) (Middle)

Current Home Address (include house/apartment number, street name, city, state, zip):

Date of Birth: _____ E-mail Address: _____

Home Phone Number: _____ Work Phone Number: _____

Minnesota Driver's License or ID Card Number: _____

Current Employer (include company name, address, city, state, zip, phone number):

Why are you interested in attending the Citizens' Academy? _____

What do you hope to gain from attending the Citizens' Academy? _____

By signing below, you acknowledge the following:

- 1) All information provided on this and all additional forms is complete and correct;
- 2) You consent to being photographed by the Police Department and agree to allow any photos to be used by the Police Department to promote it's programs and activities;
- 3) You grant the Edina Police Department permission to conduct a background check on you;
- 4) You acknowledge receipt and signature of the Police Citizens' Academy Release and Waiver of Liability.

Signature: _____ Date: _____

Tennessen Warning: The purpose and intended use of the information requested on the application is to assist in determining your eligibility and suitability for the program for which you are applying. You may legally refuse to give the information. If you give the information, that information, or further investigation based on it, could cause your application to be denied. If you refuse to give the information, your application for the program may not be considered. Other persons or entities authorized to receive the information you supply are: Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota Driver's License Section, and other governmental agencies necessary to process your application.