



## West Richland Police Department Citizens Academy Application

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Shirt Size/Sweatshirt: S M L XL XXL XXXL

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

Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**Briefly describe why you are interested in attending the West Richland Police Citizens Academy?**

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**Criminal convictions or adverse police contacts could preclude your acceptance into the program.**

I, \_\_\_\_\_, authorize the West Richland Police Department to conduct a review of the records for the purpose of confirming that I am of good character. I hereby release the City of West Richland from any liability which may arise out the background investigation and recommendations.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

Please return your application to the West Richland Police Department or email to  
[dolsen@westrichland.org](mailto:dolsen@westrichland.org)