



SAUSALITO POLICE DEPARTMENT  
**CITIZEN'S POLICE ACADEMY**  
*"Understanding Through Education"*



**ENROLLMENT APPLICATION**

PRINT NAME (LAST, FIRST, MIDDLE)	DATE OF BIRTH
HOME ADDRESS	HOME PHONE NUMBER
EMPLOYER	OCCUPATION
WORK ADDRESS	WORK PHONE NUMBER
EMAIL ADDRESS	CELL PHONE

ARE YOU A MEMBER OF ANY CIVIC GROUPS/PROFESSIONAL ORGANIZATIONS? YES\_\_\_ NO\_\_\_  
 IF YES, PLEASE DESCRIBE:

\_\_\_\_\_

\_\_\_\_\_

WHY WOULD YOU LIKE TO ATTEND THE CITIZEN'S POLICE ACADEMY?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POTENTIAL CANDIDATES FOR THE SAUSALITO CITIZEN'S POLICE ACADEMY MUST MEET THE FOLLOWING CRITERIA:

- ❖ **AGE 18 OR OLDER**
- ❖ **LIVE OR WORK IN SAUSALITO**
- ❖ **NO FELONY CONVICTIONS**
- ❖ **NO MISDEMEANOR CONVICTIONS WITHIN ONE YEAR**

PERSONS SELECTED TO ATTEND THE ACADEMY WILL BE NOTIFIED BY MAIL OR PHONE AT LEAST TWO WEEKS PRIOR TO THE BEGINNING OF THE CLASSES.

***ALL APPLICATIONS WILL BE RETAINED AND CONSIDERED FOR FUTURE CLASSES***

YOUR SIGNATURE ON THIS FORM AUTHORIZES THE SAUSALITO POLICE DEPARTMENT TO PERFORM A RECORDS CHECK FOR PURPOSES OF ADMISSION TO THE ACADEMY.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

**Sergeant Jason McConnehey**  
**Sausalito Police Department**  
 29 Caledonia Street  
 Sausalito CA 94965  
 415/289-4100\* 181  
 FAX 415/289-4175  
[jmcconnehey@sausalito.gov](mailto:jmcconnehey@sausalito.gov)