



CITIZEN'S ACADEMY APPLICATION

Name _____
Last First Middle Initial

Address _____
Street Apartment # City State Zip

Telephone Home _____ Work _____

Cell _____ E-mail _____

Current occupation? _____

How did you hear about the academy? _____

Are you 18 years of age? Yes No **Date of Birth** ____/____/____
(Month / Day / Year)

Have you ever been convicted of a felony? Yes No

Driver's License # _____ **State** _____

In the case of emergency, who should we contact?

Name/Relation Address/ Phone

Do you have any special needs or physical disabilities in which would affect your participation in this program? Yes No

If Yes Explain _____

What are your interests in the UHP Citizen's Academy?

Shirt Size S / M / L / XL / 2XL / 3XL

BY SIGNING THIS DOCUMENT I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. DUE TO THE RECENT INCREASE IN APPLICANT INTEREST, I WILL COMMIT TO ATTEND 90% OF THE ACADEMY CLASSES UNLESS OTHERWISE ARRANGED. I HEREBY GIVE AUTHORIZATION TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY NECESSARY FOR THE CONSIDERATION TO ATTEND THE UTAH HIGHWAY PATROL CITIZEN'S POLICE ACADEMY.

Applicant Signature

Date