



# Brea Police Department CITIZEN POLICE ACADEMY

## Application For Admittance

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City Zip

Employer/Work Address \_\_\_\_\_

City Zip

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Occupation \_\_\_\_\_

I learned of the Citizen Police Academy from: \_\_\_\_\_  
\_\_\_\_\_

I am interested in attending the Citizen Police Academy because: \_\_\_\_\_  
\_\_\_\_\_

Has there been anything in your past which you believe might disqualify you from participating in the Citizen Academy? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Send completed application to:

Brea Police Department  
1 Civic Center Circle, Brea, CA 92821  
Attn: Investigator Aja Tokugawa  
Email: [Atat@cityofbrea.net](mailto:Atat@cityofbrea.net)

I consent to a records check to determine eligibility for the Brea Citizen Police Academy. If accepted as a student, I agree to abide by all rules and regulations, and to have no more than one absence during the eight week class schedule.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_