



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: Detective Ryan Trent
Email: rtrent@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 eleven week class schedule.

Applicant's Signature _____ Date _____