



**La Crosse Police Department  
Citizens' Police Academy  
Application Form**

Print information on form

|   |               |                     |
|---|---------------|---------------------|
| Name (First, Middle, Last)                    | Home Phone    | Cell Phone          |
|   |               |                     |
| Address                                       | Work Phone    | Place of Employment |
|   |               |                     |
| City, State, Zip                              | Date of Birth | Job Title           |
|   |               |                     |
| Emergency Contact name                        |               |                     |
|   |               |                     |
| Email Address                                 |               |                     |
|   |               |                     |
| Drivers License Number                        | State         |                     |
|   |               |                     |
| Have you been convicted of a crime? Yes or No |               |                     |
|   |               |                     |

The Citizens' Police Academy meets each Wednesday for a total of 8 weeks, March 19 through May 7, from 6:00pm until 9:00pm. Each student is required to attend all sessions of the academy. More than two absences may result in dismissal from the academy.

Are you able to meet this type of commitment? Yes ☐ No ☐

What do you plan on getting out of attending the Citizens' Police Academy?

|  |
|--|
|  |
|  |

What types of involvement do you have in the community? (Social groups, volunteer organizations, etc.)

|  |
|--|
|  |
|  |

I understand that making application to the La Crosse Police Department Citizens' Academy, the personal information contained within this application will likely be used to conduct a background and criminal history check. I certify that all statements on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information.

Signature:

Date:

Return by March 5 to: Lt. Troy Nedegaard, La Crosse Police Department, 400 La Crosse St.,  
La Crosse, WI 54601 608-789-7205 email: nedegaardt@cityoflacrosse.org