

West Valley City Police Citizen Academy Application

**Chief of Police
Colleen Jacobs**

**West Valley City Police
Dept. Citizens Academy
3575 s Market St.**

(801)963-3300 TEL

**Academy Coordinator: Lt.
PODNI
Desk**

**Email:
DPPD@wvc-ut.gov**

Instructions:

Please fill out this form as completely and accurately as possible. When completed, sign and date it at the bottom and bring it into the Police Department located at:

357 s Market St. West Valley City. UT

If you have any questions about this application or about the Citizen Academy, please contact the Academy



Personal Information

Name: _____ Email: _____

Address: _____

Phone: _____ Date of Birth: _____

Driver License #: _____ Social Security #: _____

Have you ever been convicted of a crime? Y__ N__

If yes, briefly explain _____

Employment Information

Employer: _____ Work Phone: _____

Occupation: _____

Work Address: _____

Additional Information

Do you live in West Valley? Y__ N__ If yes, how many years? _____

List any community group you are affiliated with: _____

Why do you want to attend the Citizen Academy? _____

I hereby acknowledge the above information to be accurate and true. I hereby authorize West Valley City Police Department to obtain a Utah Criminal History, State Wide Warrants, and Triple I information for the purpose of attending the West Valley City Police Department Citizen Academy.

Signed: _____ Date: _____