Community Police Academy University of Delaware Police Department 413 Academy Street Newark, DE 19716



All applicants will be subjected to a background check prior to acceptance into the Community Police Academy. A background check includes driving and criminal history, a wanted check, as well as an Office of Student Conduct check for UD students.

Directions: Complete and return to the Community Resource Unit at the above address or via Email at cru-udpd@udel.edu . If possible, please type entries.

Fu	Ill Name:			Date	of Birth:	Gender:	Μ	F
Permanent Address:				Permanent Phone	:			
					Local Phone:			
Local Address:				Cell Phone:				
					Email address:			
Cl	alid Driver's License: heck Yes or No. If you eet. A conviction or jud	answer	yes to a	ny of the first t		_		
1.	Have you ever been a	arrested f	or a crii	ninal offense?			Yes	No
2.	2. Have you ever been charged with Driving under the Influence of Alcohol or Drugs					l or Drugs?	Yes	No
3.	Have you ever been r	eferred to	o the O	ffice of Student	Conduct?		Yes	No

4. Please state the reason why you want to participate in the University of Delaware Community Police Academy. **Please also note your affiliation with the University of Delaware**. Use a separate sheet if needed.

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5. Please indicate how you heard about the University of Delaware Community Police Academy;

Social Media	News release	Friend
University Web Site	Other:	

Statement of Understanding:

By initialing below, I hereby certify that the answers given in this statement are full and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts called for in this application may be cause for rejection of my application or dismissal at any time from the Community Police Academy.

Signature:

Date:

UDPD Use Only						
	NCIC: DELJIS: CJIS Contact History: OSC:					
Approved / Denied	Officer:	_ IBM:				
Date:	Comments:					