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# CPA: MARANA

Citizens Police Academy

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## APPLICATION FOR ADMISSION

Town of Marana Police Department  
Telephone: (520) 382-2051  
E-mail: [MPDCR@Marana.Com](mailto:MPDCR@Marana.Com)

Application Control Number \_\_\_\_\_

You must be able to answer YES to all of the following questions. If you cannot answer YES to all, your application will not be processed. Please circle your response.

- A. Do you live or work within the Marana Police Department service area?      YES       NO
- B. Would you be willing to commit three and a half hours a week for twelve weeks on the day of the week identified and at the time outlined on the attached information instruction sheet?      YES       NO
- C. Are you at least 18 years of age?      YES       NO
- D. It is important that Citizen Academy participants have not recently engaged or expect to engage in any activity that is criminal, unethical, or improper in nature that might publicly embarrass or cause problems for other Citizen Academy participants or the Marana Police Department. Do you meet this requirement?
- YES       NO
- E. As a Citizen Academy participant, you may be observing police officers and other public safety personnel engage in activities that might involve the use of physical force and the rendering of emergency medical care while working in inclement weather conditions, and in situations that demand confidentiality. Would you be able to maintain confidentiality, follow verbal directions and assist public safety personnel if directed to do so?
- YES       NO

NAME: \_\_\_\_\_  
Last First Middle Nickname

CURRENT RESIDENCE ADDRESS: \_\_\_\_\_  
Street

\_\_\_\_\_  
City/State/Zip

CURRENT MAILING ADDRESS: \_\_\_\_\_  
Street/P.O. Box

\_\_\_\_\_  
City/State/Zip

TELEPHONE NUMBERS (please list all that apply):

Residence \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

DRIVERS LICENSE/ID NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

Please provide the name and telephone number of a relative, friend or associate we can contact in case of an emergency:

\_\_\_\_\_  
Name/Relationship Phone

**CRIMINAL HISTORY:** Have you ever been arrested and/or convicted of a crime other than a traffic infraction? YES  NO  If YES, please explain here: \_\_\_\_\_

NOTE: A past criminal record alone does not prohibit an individual from participating.

Dates	Location of Occurrence	Crime
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you applied for the Marana Police Department Citizen Academy in the past? YES  NO   
If YES, when? \_\_\_\_\_

1. Please describe your employment history:

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2. Please describe your education and training:

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3. Briefly list your current interests, hobbies, professional or personal activities. If you are currently active with a neighborhood community or civic organization, please list below:

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4. Why would you like to participate?

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5. Please describe something that police do that you don't understand. Perhaps this is something that happened to you, you observed, or you saw on television or read about.

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6. Have you had mostly positive or negative experiences with the police? (Circle one. It does not have to be limited to the Marana Police Department). Please describe one positive or negative experience.

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7. There is always room for improvement. Please describe something you feel the Marana Police Department could do better.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list a personal reference (other than a relative):

\_\_\_\_\_  
Name Phone

\_\_\_\_\_  
Complete Address

Relationship to Applicant: \_\_\_\_\_

Is there any other information that you would like us to know about you that you think might be helpful?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*I understand the MPD Citizen Academy is a twelve week program with classes meeting as described on the attached instructional page. Due to class size being limited, I understand the importance of my commitment to attend the classes. I certify that the above information provided on this application is true and accurate. I authorize any individual, company, organization or institution to release any and all information provided by me on this application, and I do hereby release all parties and individuals connected there within from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts on this application may disqualify me from acceptance with the Marana Police Department Citizen Police Academy. My signature below acknowledges my understanding and agreement with the material provided.*

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

RETURN COMPLETED APPLICATION TO:  
Marana Police Department  
11555 West Civic Center Drive, Marana, AZ 85653

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**FOR MPD USE ONLY**

DATE RECEIVED: \_\_\_\_\_ DATE BACKGROUND COMPLETED: \_\_\_\_\_ BY: \_\_\_\_\_

ACCEPTED: YES  NO  REASON FOR DENIAL: \_\_\_\_\_

DATE NOTIFIED: \_\_\_\_\_ VIA: LETTER: \_\_\_\_\_ PHONE: \_\_\_\_\_ BY: \_\_\_\_\_