

## CITIZEN'S POLICE ACADEMY APPLICATION

Name: (Last)	(First)		(MI)
Address:	City:	State: _	Zip:
Phone: (Work)	(Home)	(Emergency)	
Date of Birth: (MM/DD/YYYY)	/		
Occupation:	Place of Employment:		
Email address:		N. Comments	
	CHUEF		
Give the name, address, and pl  1		references:	

Applicants are required to be at least 18 years of age and have no criminal record, (no felony convictions and/or arrests for Domestic Abuse Laws). Please return this application to the Bentonville Police Department in person, via fax at 479-271-3187, email, or mail to the following address:

Bentonville Police Department Attn: Adam McInnis (Public Information Officer) 908 SE 14<sup>th</sup> Street Bentonville, AR 72712

Any questions about participating in or general questions about the Citizen's Police Academy prior to submitting the application, please contact Adam McInnis at 479-271-6200 or via email at adam.mcinnis@bentonville.arkansas.gov.