

Citizens Engagement Academy Application

Applicant Information

Name: _____

Address: _____

Phone: _____ Email: _____

Emergency Contact Information:

Name: _____

Phone: _____

1. How long have you been a resident of Broken Arrow?

Less than 1 year

1-5 years

5-10 years

More than 10 years

2. If you are new to Broken Arrow (less than 5 years), why did you choose Broken Arrow as your home?

3. Community or volunteer organizations in which you participate:

4. Are you now or have you previously participated in the Citizens Police Academy?

Yes No

5. Please list 3 things you hope to gain from attending the Citizens Engagement Academy.

6. Can you commit to the full 6-week program? (Participants may not miss more than two classes to graduate.)

Yes No

7. Gender (optional):

Female Male Prefer not to say

8. Age Category (optional):

18-24

25-34

35-44

45-54

55-64

65+

Age and gender information is optional and collected solely for statistical and reporting purposes. Selection for participation in the Citizens Engagement Academy will not be based on age or gender.

Applicant Certification

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Applicant Signature: _____ Date: _____