

2017 Dinuba Police Community Volunteer Citizens Academy Application Date: ______

Name:		
(Full legal name, Last, First,	, Middle)	
Address:		
Telephone: ()	home. ()	Cel
Email address:		
Date of Birth:	Drivers License number:	
Soc. Security:		
Occupation:		
Business Name / School i	if Appropriate:	
Educational Background	l:	
	an residence or business do you have with erequisite to being selected, but may be con	
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In a brief summary, please describe why what you hope to gain from your partic	y you want to be a community volunteer and ipation with in the Volunteer Program:
records. Presences of vehicle violation or	ion on all participants for driving and criminal a criminal history does not necessarily prevent ll be kept confidential within the requirements
I agree to allow the Dinuba Police Depa driving and criminal record to include a participate in the Dinuba Community V	any warrants, as part of my consideration to
Signature:	Date:

Please Return completed application to: Dinuba Police Department Attn: Lt. Russell Son 680 S. Alta Avenue Dinuba, Ca 93618 (559) 591-5914