Application for the Coeur d'Alene Police Department
Citizens' Police Academy
(Please Print)

Date of Application: _____

Name (First, Middle, Last): _____

Address: _____

City: _____   **State**: _____   **Zip Code:** _____

Date of Birth: _____   **Driver's License #:** _____ **State:** _____

Employer: _____

Occupation: _____

Business: Address: _____

City: _____   **State:** _____   **Zip Code:** _____

How did you hear about the Citizens' Police Academy?

Why do you want to attend the Citizens' Police Academy?

What organization(s) are you currently involved with? (e.g. Scouts, Civic Clubs, Fraternal Organizations)

Is there a particular topic you are interested in learning more about?

Please email your completed application to jreneau@cdaid.org at the Coeur d'Alene Police Department or click the Send to PD button when done.