



## Gardner Police Department Citizens Police Academy



### Participant Application

Return Completed applications to: Gardner Police Department  
Attention: Officer Zach Roberts  
16540 Moonlight Rd.  
Gardner, KS 66030  
zroberts@gardnerkansas.gov

Or email a copy to:

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**APPLICANTS MUST BE AT LEAST 18 YEARS OLD AND LIVE OR WORK IN GARDNER.**

Applicant \_\_\_\_\_  
Last Name First Name M.I. DOB

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Driver's License # \_\_\_\_\_ License State \_\_\_\_\_ Social Security # \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Explain briefly, why you wish to enroll in the Citizens Police Academy.

### Emergency Contact Information

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

**Photographs:** Staff may take photos/video for publicity or departmental purposes.

If you **do not** want pictures of you used for publicity purposes, initial here \_\_\_\_\_