



PRAIRIE VILLAGE POLICE DEPARTMENT
Citizens Police Academy Application

(please print)

Name _____
Last First M.I.

Address _____

Home Phone _____

Work Phone _____

Date of Birth _____

Driver's License # _____ State _____

Occupation _____

Work Address _____

Email _____

In Case of Emergency Contact _____

Phone Number _____

Memberships / Service Clubs _____

Please write a brief narrative addressing your reason(s) for applying to the Prairie Village Citizens Police Academy.

I do attest and affirm that the information on this application is true, and give my permission for a representative of the Prairie Village Police Department to verify the information if needed.

Applicant’s Signature _____ Date _____

Please return this application to:
Prairie Village Police Department
Professional Standards Sergeant
7710 Mission Road
Prairie Village, Kansas 66208-4230
913/385-4623