

VAN BUREN COUNTY CITIZEN POLICE ACADEMY APPLICATION

Name: _____ Address _____

City: _____ Phone: _____

Date of Birth: _____ S.S.N. ____/____/____ Drivers Lic.# _____

Have you ever been convicted of a felony? _____ Yes _____ No

PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY TO YOU:

_____ I am a resident of Van Buren County

_____ I am a property owner in Van Buren County

_____ I am a business owner in Van Buren County

_____ I am a resident of a City, Village or Township in Van Buren County
(If above is yes, please indicate name of City, Village or Township)

City of _____ Village of _____ Township of _____

I agree to allow the Van Buren County Chief's of Police Association and the Van Buren County Sheriff's Office to conduct a short background check if necessary.

This will include a search of Michigan and FBI Criminal History records and Michigan Secretary of State Drivers Records.

Signature

Date

Please return or mail this application to:

Van Buren County Sheriff's Office

205 South Kalamazoo Street

Paw Paw, MI 49079

Attn: Citizens Police Academy Program Coordinator