



**LACEY POLICE DEPARTMENT  
COMMUNITY ACADEMY APPLICATION**  
(Please Print Legibly)

**Once you have completed this form, please drop it and a clear copy of your driver's license or State ID card off at the front counter of the Lacey Police Department at 420 College ST SE, or e-mail it to: CRU@ci.lacey.wa.us.**

Applicant's Name:

\_\_\_\_\_  
Last First MI

Address:

\_\_\_\_\_  
\_\_\_\_\_  
City State Zip

E-mail Address:

Phone:

\_\_\_\_\_  
Home Work Cell

Date of Birth:

Shirt Size:

Sex:

Race:

Drivers License #:

If you have a disability and require accommodation to fully participate in the Community Engagement Academy, please check here and contact Lindsay Palmer at (360) 486-8725 or by email at CRU@ci.lacey.wa.us

**Emergency Contacts:**

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

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



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How did you hear about the Community Engagement Academy?

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Why are you interested in attending? (Use extra paper if necessary.)

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Please answer truthfully and provide additional comments, if necessary.

**1. Do you have any Criminal or Felony Convictions in the last 10 years?**

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, year of conviction \_\_\_\_\_

Define the Conviction? \_\_\_\_\_

Comments: \_\_\_\_\_

**2. Have you had 3 or more contacts with law enforcement in the last 10 years, in which you were listed as a suspect? Yes \_\_\_\_\_ No \_\_\_\_\_**

Comments: \_\_\_\_\_

**3. Are you listed or involved in any active criminal investigation as of the date of this application? Yes \_\_\_\_\_ No \_\_\_\_\_**

Comments: \_\_\_\_\_



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**PERMISSION TO CONDUCT A RECORD CHECK**

As an applicant for the Lacey Police Department Community Engagement Academy, I hereby authorize the Lacey Police Department to conduct a criminal history records check. All applications for the Community Engagement Academy (CEA) shall be reviewed on a case by case basis. This information is intended to be used as guidelines for those within the Lacey Police Department who are tasked with reviewing CEA applicants.

All information is to remain confidential as required by Washington and federal statutes.

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**Signature of Applicant**

**Date**