



**Police Department**

*An Internationally Accredited  
Police Agency Since 1994*

Office of the Chief of Police

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Scottsdale, AZ 85251

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The City of Scottsdale continues to grow at a rate that is unprecedented in its history creating challenges, which we as community members cannot ignore. Our city has passed that threshold of a small city into a large metropolitan area. We face the need to take stock of our expectations as they relate to maintaining the quality of life we enjoy in Scottsdale, particularly concerning public safety.

The Scottsdale Police Department plays an important role in maintaining public safety in our city; however, it is you, as a community member, who plays the primary role for insuring we all continue to enjoy the level of safety we have come to expect in our community. We need your assistance and commitment in participating with us to protect your neighborhoods and businesses against criminal behavior.

In asking to become our partner in this noble effort to protect our community, it is critical that you understand our mission, goals, and operational procedures and that you have confidence in our ability to fairly and ethically administer our duties in serving this community. It is also critical that we understand your needs and expectations as they relate to public safety. This mutual understanding forms the basis for a strong, effective partnership.

The Citizen Police Academy is the best opportunity we have created to educate community members about the profession of policing and for citizens to share their thoughts and expectations with us. You will also find that this adventure in policing will be the most interesting, fun and worthwhile time you can spend learning about our profession and the important role you play in protecting your own community. I am glad you have decided to participate in this program. I assure you that it will be a rewarding experience and we will treasure your willingness to step forward to become a member of our family and our partner in the fight against crime.

Sincerely,

A handwritten signature in black ink, appearing to read "Alan G. Rodbell".

Alan G. Rodbell  
Chief of Police





# Scottsdale Police Department Citizen's Academy Application

## PERSONAL DATA

Last Name		First Name	Full Middle
List all other names you have used, including nicknames and maiden names. If you have ever used any other surname, please indicate the time period this occurred and describe the circumstance. If you legally changed your name, please list the date, place, and court:			
Date of Birth:	Place of Birth:		Current Age:
Gender: <b>M</b> <b>F</b>	Social Security Number:		
Height:	Weight:	Hair:	Eyes:

## ADDRESS AND POINT OF CONTACT

Current Address:		City:	Zip Code:
Home Phone:		Work Phone:	
Cellular Phone:		Pager:	
Email Address:			
Please provide the name and telephone number of relative, friend, or associate we can contact in case of an emergency:			
Name/relationship:		Phone Number:	

## EMPLOYMENT INFORMATION

Current Employer:			
Business Address:			
Street		City	AZ
Zip code			
Job Title:		Length of time with present employer:	
If less than three years with current employer, please provide the name of your former employer, your position/title, and company address:			
Past Employer:		Business Address:	

**Email Address:** \_\_\_\_\_



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**RELATIVES**

Spouse's full name:		Date of Birth:
Spouse's place of employment, position, and business address:		
Business Name:		
Business Address:		
Position:		
List names, dates of birth, and employment of all children:		
Name	Date of Birth	Employment

**ORGANIZATIONAL MEMBERSHIPS**

Please list any organizations, associations, or community groups to which you belong:
Please identify the person who has nominated you to attend the Citizen's Academy:



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**AUTHORIZATION TO CONDUCT LAW ENFORCEMENT CHECK**

Have you been arrested within the last 6 months?	YES	NO
Have you ever been convicted of a felony or serious misdemeanor?	YES	NO
If you answered "yes" to either question, please provide details including date, place, law enforcement agency, court, charge and disposition:		

**I hereby authorize the Scottsdale Police Department to conduct a standard check of law enforcement records pursuant to my application to the Scottsdale Police Department's Citizens' Academy. I understand this check will include, but not be limited to, any record of arrests, prosecutions or convictions for criminal or civil offense, state or federal. Any information obtained through this record check will be used exclusively for the purpose of determining my eligibility for a security clearance to allow me to participate in the Academy. My consent is valid for three months from the date of my authorization appearing below.**

**I also understand that concealing a material fact on this application can be the basis for rejection of my application to the Scottsdale Police Department's Citizens' Academy.**

\_\_\_\_\_  
Full Name (Typed or Printed)

\_\_\_\_\_  
Full Name (Signature)

\_\_\_\_\_  
Date