

The City of Scottsdale continues to grow at a rate that is unprecedented in the 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.

Phone: 480-312-1900

Web: scottsdalepd.com

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 ensuring 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 the 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 Citizens Police Academy is the best opportunity we gave created to educate community members about the profession of policing and for citizens to share their thoughts and expectation 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,

Alan G. Rodbell Chief of Police







Personal Data					
Name:					
Last	First		Full Middle Name		
List all other names you have used, including nicknames and maiden names: If you have ever used any other surname or legally changed name, please state the time period this occurred and the circumstances. If you ever legally changed your name, please list the date, place, and court:					
Date of Birth Place of	ace of Birth		Gender		
Social Security Number Driver's License (State & #)					
Hair Eyes	Ethnicity		(optional)		
Citizenship (Country)	Acquired by: Birth	Marriage	Naturalization		
If you are a Naturalized citizen, please include the naturalization number, date, and place:					
Address/Contact Information					
Current Address: (Do NOT list Post Office Boxes – This MUST be the physical address where you live)					
Street	City	State	Zip		
Mailing Address if different from physical address:					
Home Phone	Work Phone				
Cellular Phone	E-Mail Address				
In the event of an emergency, please list the name and phone number of a relative or close associate that can be contacted:					
Name:	Relationship	Pl	none		

Employment Information

Current Employer				
Address				
Street	City	State	Zip	
Company Website:				
Job Title	Len	gth of time with present emp	oloyer	
Brief description of business/duties per	formed:			
If less than three years with employer,	please list former emp	loyer:		
Business Address:				
Organization Memberships				
Please list any organizations, associations, or community groups to which you belong:				
If applicable, please identify the person	n who has nominated	you to attend the Citizen's A	cademy:	
	•			
Criminal Background				
Have you ever been charged with or co			Yes No	
Have you ever been charged with or convicted of a firearms or explosive offense? Yes No Are there currently any charges pending against you for any criminal offense? Yes No				
In the last 10 years, have you been arre	•	•		
If yes, attach details pertaining to coand disposition.		ate, place, law enforcement	t agency, charge, court,	
I hereby authorize the Scottsdale Police Department to conduct a standard check of law enforcement records on me. I understand this check will include, but not limited to, any record of charges, prosecution or convictions for criminal or civil offenses. This check will be used for the purpose of the Scottsdale Police Department's Citizens				
Police Academy application process. M	ly consent is valid for	three months from the date	authorized below. Any	
information obtained will be used for the Department's Citizens Police Academy		g clearance to participate in	the Scottsdale Police	
Full Name (Typed or Printed)		Full Name (Signature)		
Date		i un ivame (Signature)		
- Duic				

Citizens Police Academy Photographs Consent/Release Form

activity. By signing this consent/release form, you agree	ice Academy, a photographer may photograph the event or ee that your image appearing in any such photograph may ommunity Outreach Program for public affairs purposes.		
I agree to release and authorize any photographs, as demedia print or online communications, including, but n Community Outreach Facebook page, and all other relationships to the community of the community of the community Outreach Facebook page, and all other relationships to the community of	g ·		
Full name (typed or printed)	Full Name (Signature)		
Date			
Participation in Firearms Demonstration			
•			
Is there any reason you cannot participate in a firearms demonstration? Yes No			
If yes, please provide details:			