



BRENT NARGES
Chief of Police

PITTSBURG

POLICE DEPARTMENT

**Beard-Shanks Law Enforcement
Center**
201 North Pine, P.O. Box 611
Pittsburg, Kansas 66762
(620) 235-0400

Pittsburg Police Department Citizens' Police Academy Registration Form

Last Name: _____ First Name: _____ M.I.: _____

Home Address: _____ City: _____ State: _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number _____ State _____

Telephone # (Cellular): _____ Email address: _____

Employer _____

Employer Address: _____ City: _____ State: _____

Have you ever been arrested: _____

If yes, what for? _____ When? _____

Have you ever been convicted of a criminal offense? _____

If yes, what for? _____ When? _____

What is your reason for wanting to participate in the Citizens' Police Academy?

All applicants must be 18 years of age and must reside, work, own a business, or attend college within the city limits of Pittsburg. The Pittsburg Police Department reserves the right to deny entry based on the findings of a background check.

Return this form by mail or fax to:

Pittsburg Police Department
Attn: Lieutenant Diana Fries
P.O. Box 611
Pittsburg, Kansas 66762
Fax: 620-235-0508



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Citizens' Police Academy Participant Release

I, _____, a voluntary participant in the Citizens' Police Academy service program, do, for myself, my heirs, executors and administrators, forever remise, release and discharge the City of Pittsburg, including all representatives, of and from all manner of actions, causes of action, suits, debts and sums of money, dues, claims and demands, in law or equity, by reason of my participation in said program.

I hereby authorize the Pittsburg Kansas Police Department to conduct and review a criminal and driving records check. This authorization is specifically intended to include any and all information of a confidential or privileged nature, as well as photocopies of such documents pertaining to any criminal or driving record.

Signed: _____

Date: _____