

# Bella Vista Police Department Citizens Police Academy Application

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_ (Emergency) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physical Condition: Excellent: \_\_\_\_\_ Good: \_\_\_\_\_ Poor: \_\_\_\_\_

Are you able to walk unassisted, bend at the waist and easily lift 10 lbs? \_\_\_\_\_

Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Why do you wish to attend the Citizens Police Academy?

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Have you ever been arrested for a crime? If yes, what crime and when?

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Give the name, address, and phone number of two character references:

1. \_\_\_\_\_

2. \_\_\_\_\_

Applicants are required to be at least 21 years of age and have no criminal record, (no felony convictions and/or arrests for domestic abuse laws) because of firearms training that will take place during this course. Please return this application to the Bella Vista Police Department in person, by email to [tcook@bellavistaar.gov](mailto:tcook@bellavistaar.gov), by fax to 479-855-8050, or mail it to the following address:

Bella Vista Police Department  
Attn: Captain Tim Cook  
105 Town Center  
Bella Vista, AR 72714

For any questions about participating or general questions about the Citizens Police Academy prior to submitting the application, contact Capt. Tim Cook at 479-855-3771 or via email at [tcook@bellavistaar.gov](mailto:tcook@bellavistaar.gov).