



Community Academy Application

****Please print this page and submit by regular U.S. Mail****

Date: _____

Name: _____
Last First MI

Address: _____
Street
City State Zip

Home Phone: _____ Work Phone: _____

Date of Birth: _____

Why do you wish to attend the Bellevue Police Department Community Academy?

I, _____, authorize the Bellevue Police Department and its agents and employees to conduct a review of the records of the Bellevue Police Department and other law enforcement agencies for the purpose of confirming that I am of good character. I hereby release the City of Bellevue and all of its agents and employees from any liability which may arise out of the background investigation and recommendation, including any liability arising from a negative recommendation based upon erroneous information.

Applicant's Signature Date

Please mail completed application to:

Bellevue Police Department
Community Services Unit
P.O. Box 90012
Bellevue, WA 98009-9012