

Public Safety Citizens Academy Application

City of Plymouth, Minnesota

Pre application disclaimer: If you are unable to complete this online application and need special accommodations, please email kabukar@plymouthmn.gov or call 763-509-5135.

- Privacy Notice (Tennessee Warning)
 - Information you provide in this application will be used by the City of Plymouth Public Safety Department. You are not legally required to provide this information; however, this information is needed in order to process the application for the Public Safety Citizens Academy program, including a criminal history background check. Your information may be kept on file by Public Safety Personnel for future contact.
- To participate in the Plymouth Public Safety Citizens Academy, you must meet at least one of the requirements: [check all that apply]
 - I am currently a resident of the City of Plymouth
 - I am currently working within the City of Plymouth
 - _____
Name of employer and address
 - I am a volunteer within the City of Plymouth
 - _____
Organization name and address
 - I am an active participant in a community group or faith-based group within the City of Plymouth
 - _____
Organization and address
- Legal Name: _____
- Previous Legal Names: _____
- Preferred name/nickname: _____
- Address: _____
- Email: _____
- Phone #: _____

- DOB: _____
- MN identification number (ID or DL)
 - _____
- Emergency Contact (optional)
 - Name: _____
 - Phone number: _____
 - Relationship: _____
- Most recent employment information (if applicable)
 - Job title: _____
 - Location: _____
 - Years of employment: _____
- Additional employment information (Optional):
 - _____
- Have you participated in a citizen's academy hosted by the City of Plymouth in the past?

Yes No
- Why are you interested in participating in the Plymouth Public Safety Citizens Academy?
 - _____
 - _____
 - _____
- Please list any disabilities or special accommodations you would like program coordinators to be aware of as some program activities entail walking, going up and down stairs, and standing for periods of time.
 - _____
- Participation expectations
 - I understand this 12-week program entails weekly attendance as scheduled
 - I agree to be respectful and courteous of other participants and instructors and understand that conduct found to be disruptive may result in removal from program participation.

By applying and signing below, I hereby authorize the City of Plymouth Police Department to inspect and gather information retained by local, county, state, and federal agencies as necessary to determine whether any convictions of a crime(s) may disqualify me from the Citizens Academy. I realize that I am not legally required to provide this information. However, I understand that if I do not provide this information, the Plymouth Police Department may not be able to determine whether I am eligible to participate in the Citizens Academy and may deny my participation in this program. I further understand that the information obtained about you by the Plymouth Police Department is private data and this data may be released only pursuant to the statutory provisions of Minnesota Statutes Chapter 13.

(Signature)

Date