



CITIZEN ACADEMY APPLICATION FORM



Date _____ Date of Birth _____

Place of Birth _____

Social Security Number _____

Name _____
Please Print Last First Middle

Address _____
Street City Zip

Phone _____

Business Address _____

Occupation _____

Driver's License Number _____

Race _____ Sex _____

Reason for Wanting to Participate in Program:

SEND COMPLETED APPLICATION TO:

Sean Kochanowski, Lieutenant Saline County Sheriff's Office
800 E Pacific Ave, P.O. Box 1606
Salina, Kansas 67402-1606