



# Bainbridge Island Police Department Community Police Academy Student Application

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
MI

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
Alternate Phone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Driver License Number and State

\_\_\_\_\_  
Male / Female / X

Have you ever been convicted of a crime? YES / NO  
If yes, use the space below to explain (include disposition):

Do you have any objection to your photograph being taken, being interviewed YES / NO  
by the media, or having your image/picture used for promotional purposes?

Why are you interested in attending the BIPD's Community Police Academy?

By signing below, I authorize the Bainbridge Island Police Department to conduct a review of the records of the BIPD and other law enforcement agencies for the purpose of confirming that I am of good character. I hereby release the City of Bainbridge Island and any of its agents and employees from any liability which may arise out of the criminal history check. I also understand and agree that based on the findings of a background check that I may be disqualified from attending the BIPD's Community Police Academy and the BIPD need not disclose that reason to me. I also understand that class size is limited, and I may be denied attendance or offered a later class for this reason.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit this application to the Bainbridge Island Police Department, 8804 Madison Avenue North, STE 100, Bainbridge Island, WA. For questions, use 206-842-5211 or [police@bainbridgewa.gov](mailto:police@bainbridgewa.gov)