



Brookings Police Department

307 3rd Ave
Brookings, SD 57006
PH: 605-692-2113



www.cityofbrookings.org

Citizens' First Responder Academy

Name _____ Date: _____

Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Cell Phone _____ Cell Phone Provider: _____

Driver's License State _____ Driver's License Number _____

Occupation _____ Employer _____

E-Mail address _____

Phone # _____ Address _____

City _____ State _____ Zip Code _____

Polo Shirt Size For class shirt? _____

Education

High School _____ City _____ State _____

College _____ City _____ State _____

Degree _____

Special Expertise



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Questionnaire

1. Have you ever been arrested for any offense other than a traffic violation?
Yes ___ No ___ If yes, what for? When? Where?

2. Do you have any charges pending for any crime? Yes ___ No ___

3. Has a court ever issued an order of protection against you for abuse, neglect, financial exploitation, domestic violence, or abandonment? Yes ___ No ___

4. Are you currently on probation or parole? Yes ___ No ___ If yes, please list the name and phone number of your probation officer. Name of Probation Officer _____
Phone # _____ County _____ SD _____

Expiration Date of Probation ___/___/___

5. Are you currently under the requirement of "being a law abiding citizen?"
Yes ___ No ___

If yes, please list expiration date of "law abiding citizen" requirement ___/___/___

6. What experience have you had with law enforcement? (Briefly Explain)

7. What is the extent of your community involvement?

8. Why do you desire to participate in this program?

9. How do you think the community, and the police department may benefit from your participation in the program?



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10. What do you expect to learn from this experience?

Liability Waiver:

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens' First Responder Academy. Failure to disclose information may adversely affect the results of this appointment.

Applicant Printed Name

Applicant Signature (Required)

Date (Required)