



COMMUNITY EMERGENCY PREPAREDNESS ACADEMY APPLICATION

LAGUNA NIGUEL POLICE SERVICES

30111 Crown Valley Parkway Laguna Niguel, CA 92677

Phone: (949) 362-4346 FAX: (949) 362-9840



PERSONAL INFORMATION

FULL LEGAL NAME: _____

NAME YOU LIKE TO USE: _____

ADDRESS: _____ CITY: _____

ZIP: _____ EMAIL: _____

HOME # _____ CELL# () _____

DRIVER LICENSE #: _____ ISSUING STATE: _____

DOB: ___/___/___ SSN: _____

EMPLOYER: _____ OCCUPATION: _____

SUPERVISOR: _____ PHONE#: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE#: () _____ CELL # () _____

Do you have any medical conditions that limit your activities? Yes No

Have you ever been arrested or convicted? Yes No

Have you ever been detained or taken into police custody? Yes No

Have you ever used a name other than the one listed above? Yes No

If you answered "Yes" to any of the above questions, please explain: _____

How did you hear about the Academy? _____

Please let us know why you are interested in attending the Course: _____