



Prescott Valley Police Department  
7601 E. Skoog Blvd.  
Prescott Valley, AZ 86314  
(928) 772-9261 Phone  
(928) 772-2700 Fax

### PVPD Citizens Police Academy Application

*Please print or type the requested information*

Name: \_\_\_\_\_  
(Last name) (First) (Middle)

Address: \_\_\_\_\_  
(Number/Street) (City) (Zip Code)

Phone #: \_\_\_\_\_(home) \_\_\_\_\_(work)  
\_\_\_\_\_ (cell) \_\_\_\_\_(other)

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

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

AZ Driver's License #: \_\_\_\_\_ Expires: \_\_\_\_\_

Has your license ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have automobile insurance? Yes \_\_\_\_\_ No \_\_\_\_\_  
Name of auto insurance company: \_\_\_\_\_

Have you ever used any other names? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list all names used  
and the reason for each: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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**Authorization for Release of Information**

I, \_\_\_\_\_, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange, any and all available information relating to me for the purpose of determining my suitability to attend a voluntary Citizen’s Police Academy for the Town of Prescott Valley Police Department. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the Town of Prescott Valley Police Department. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF ARIZONA  
County of Yavapai

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_,

By \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**My Commission Expires:**

**(seal)**

\_\_\_\_\_

**If a sworn affidavit is required**

Also, please note that we can not witness and notarize a single document.