

Chaska Police

Citizen Academy

Name: _____ Date of birth: _____

Address: _____ City, Zip _____

Phone: (H) _____ (W) _____ (C) _____

DL # _____

Employer: _____ Occupation: _____

Have you been arrested for any offense other than traffic? _____

If yes, what for? _____

When? _____ Where? _____

E-Mail Address _____

Briefly list or describe any civil activities and or organizations you are

Involved in: _____

What experience have you had with law enforcement? Positive Negative
(circle one)

Briefly explain: _____

Briefly explain your interest in the Citizen Academy: _____

What do you expect to gain from attending this Academy? _____

Questions: Contact Officer Janke 952.448.4200

Please return this application to the Chaska Police Department via:

Drop or Mail: Two City Hall Plaza, Chaska, MN 55318

Fax: 952.448.2307