Omaha Police Department
COMMUNITY EDUCATION TRAINING PROGRAM
Application

Please PRINT all information except where signature requested.
To be completed by the parent or guardian of a participant under 19 years of age.

Full legal name_____
(last) (first) (M.I.)

Date of Birth:_____/_____/_____ **Participants must be at least 16 years of age at time of participation.**
Month Day Year

Social Security Number:_____-_____-_____

Current Address:_____
(street address) (apartment #)

_____
(city) (state) (zip code)

Home telephone #_____ Work telephone # _____

Have you attended the CETP previously? Yes ☐ No ☐ When?_____

If you have lived in Douglas County for less than one year, please provide your previous address:

_____
(street address) (apartment)

_____
(city) (state) (zip code)

READ BEFORE SIGNING

My signature on this application authorizes the Omaha Police Department to conduct a Criminal History check on me, prior to my participation in the Omaha Police Department's Community Education Training Program. I further understand that should this check reveal any convictions of a criminal nature, or high traffic offenses, the Omaha Police Department may at their discretion, disallow my participation in this program. All information will be confidential.

Signature of Parent/Guardian:_____

Relationship to minor participant:_____

Signature:_____ Date:_____
(must be handwritten