

**VAN BUREN COUNTY SHERIFF'S OFFICE  
CITIZEN POLICE ACADEMY  
APPLICATION**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ Michigan Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

SSN: \_\_\_\_\_ DL Number: \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PLEASE CHECK ALL OF THE FOLLOWING THAT APPLY TO YOU:**

\_\_\_\_\_ I am a resident of Van Buren County

\_\_\_\_\_ I am a property owner in Van Buren County

\_\_\_\_\_ I am a business owner in Van Buren County

\_\_\_\_\_ I am a resident of a City, Village, or Township in Van Buren County  
(if yes, please indicate the name of the City, Village, or Township)

**City of:** \_\_\_\_\_

**Village of:** \_\_\_\_\_

**Township of:** \_\_\_\_\_

***I agree to allow the Van Buren County Sheriff's Office to conduct a short background check if necessary. This will include a search of Michigan and FBI Criminal History records and Michigan Secretary of State driver's records.***

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

**Please return or mail this application to:**

Citizens Police Academy Program Coordinator Undersheriff Chad Hunt  
Van Buren County Sheriff's Office  
205 South Kalamazoo Street  
Paw Paw, MI 49079