

Folsom Public Safety Citizen's Academy



FOLSOM POLICE DEPARTMENT | 46 NATOMA STREET, FOLSOM, CA 95630 | WWW.FOLSOM.CA.US/POLICE

The Citizen's Academy creates a greater understanding and trust between Public Safety and Folsom residents. The successful completion of Citizen's Academy is also required for those who wish to be considered for the CAPS Volunteer Program. The Citizen's Academy will begin on March 11, 2026. Classes are held every Wednesday for 10 consecutive weeks. Graduation will be held on May 13, 2026. Class size is limited.

Application Requirements

To be considered for the Citizen's Academy, applications must meet the following requirements:

- Be 21 years of age or older
- Have no felony arrests
- Have no outstanding warrants
- Have no misdemeanor convictions involving moral turpitude or violence

Initial background check will be conducted on all Citizen's Academy applicants. A full law enforcement background will be conducted on all CAPS applicants.

DEADLINE TO APPLY: Friday February 6, 2026 (or until class is filled)

You will receive a letter confirming your acceptance into the 2026 Citizen's Academy

This application must be submitted in person to the Folsom Police Department

The Release and Waiver (on back page) must be witnessed by a Folsom Police Department Employee.

Please type or print clearly:

Name: _____
Last First MI

Address: _____
How Long?

Previous Address
(if less than 2 yrs) _____

Telephone: Home: _____ Cell: _____ Email: _____

Driver's License _____ DOB: _____

Employer: _____ Occupation: _____

Employer's
Address/Phone: _____

Community Group
Affiliation(s): _____

How did you hear
about Citizen's
Academy: _____

Why do you wish to
attend the Citizen's
Academy? _____

Have you ever been
convicted of a
crime? Please
briefly explain: _____

AN HONOR TO SERVE, A DUTY TO PROTECT

RELEASE AND WAIVER

TO WHOM IT MAY CONCERN:

I am a Folsom Public Safety Citizen's Academy and/or Volunteer Applicant. I hereby authorize officer, agent, and/or assignee bearing this release to obtain any and all information which you have concerning me.

I have specifically and permanently waived any rights I may have to review/inspect any and all information developed, so your response will be completely confidential.

CERTIFICATION:

I, the undersigned, certify that I have read this authorization form and that I understand its meaning and purpose.

Print Name (Last, First and MI)

Date of Birth

Address

Phone number

Applicant's signature (**Witnessed by Folsom Police Personnel**)

Witness' signature (**Folsom Police Employee**)