



# Alexandria Police Department

## Rape Aggression Defense Class Application

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

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

E-Mail: \_\_\_\_\_

Home Phone #: (    ) \_\_\_\_\_ Work Phone #: (    ) \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver License Number & State: \_\_\_\_\_

Occupation: \_\_\_\_\_

Reason(s) for wanting to attend the Rape Aggression Defense Class: \_\_\_\_\_

\_\_\_\_\_

Who do you know that is in law enforcement? \_\_\_\_\_

\_\_\_\_\_

Have you ever been arrested/convicted of a misdemeanor or a felony? \_\_\_\_\_

If so, when, where, and the charge: \_\_\_\_\_

Give the name and address of two character references:

1: \_\_\_\_\_

2: \_\_\_\_\_

How did you hear about the Rape Aggression Defense Class: \_\_\_\_\_

Do you authorize the Alexandria Police Department to run a criminal history? Yes: \_\_\_\_ No: \_\_\_\_

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

Please print out and fax or mail to:

Alexandria Police Department

Sgt. Natalie Selby

8236 West Main Street

Alexandria, KY 41001

859-635-4126

Fax 859-635-4123

nselby@alexandriaky.org