KILGORE POLICE DEPARTMENT
CLERGY & POLICE ALLIANCE PROGRAM
APPLICATION

GENERAL INFORMATION:

Last Name	First Name	MI
Address	City	Zip Code
Home Phone #	Work Phone #	Cell Phone #
Social Security #	DOB	Driver's License #
Church	Position	
Date of Employment	Years of Service	

EMERGENCY CONTACTS:

Name	Relation	Phone #
Alt. Phone #	Address	

What is your objective in enrolling in the Clergy & Police Alliance Program (CAPA)?

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Have you ever been active in any group or organization, which was related to Law Enforcement?

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