

RAPE AGGRESSION DEFENSE CLASS APPLICATION

NAME _____

ADDRESS _____ E-MAIL _____

HOME PHONE # () _____ WORK PHONE # () _____

DATE OF BIRTH / / _____ DRIVER LICENSE#/STATE _____

OCCUPATION _____

REASON(S) FOR WANTING TO ATTEND THE RAPE AGGRESSION DEFENSE CLASS _____

WHO DO YOU KNOW THAT IS INVOLVED IN LAW ENFORCEMENT? _____

HAVE YOU EVER BEEN ARRESTED/CONVICTED OF A MISDEMEANOR OR A FELONY? YES NO

IF YES, WHEN/WHERE AND THE CHARGE _____

PROVIDE THE NAME AND ADDRESS OF TWO CHARACTER REFERENCES

1. _____

2. _____

HOW DID YOU HEAR ABOUT THE RAPE AGGRESSION DEFENSE CLASS? _____

DO YOU AUTHORIZE THE INDEPENDENCE POLICE DEPARTMENT TO RUN A CRIMINAL HISTORY CHECK?

YES NO

T-SHIRT SIZE S M L XL XXL

AVAILABILITY (PLEASE CHECK ALL THAT APPLY) DAYTIME EVENING

OTHER FRIENDS/FAMILY YOU WISH TO BE IN THE SAME CLASS WITH YOU _____

SIGNATURE _____ DATE _____

Contact your local RAD Instructor for more information.