



## Rape Aggression Defense Class Application

**Please Print Clearly**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Drivers License #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

How long have you lived at present address: Years \_\_\_\_\_ Months \_\_\_\_\_

Previous address, if at present address less than five years:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Employer Telephone #: \_\_\_\_\_ Length of employment \_\_\_\_\_

How did you hear about our RAD program? Website \_\_\_\_\_ Facebook \_\_\_\_\_ Friend \_\_\_\_\_  
(Please indicate how you were referred) \_\_\_\_\_

**A background check will be conducted on each applicant. The O'Fallon Police Department reserves the right to deny entry to the RAD class based on findings from the background check. This class will be limited to 20 participants and applications must be received by September 1, 2023 at 6:00pm.**

All information on the above application is true and accurate. I authorize the O'Fallon Police Department to conduct a criminal background check based on this application.

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

Please return application to:

**Leah Wilson**  
**O'FALLON POLICE DEPARTMENT**  
**285 North Seven Hills Road**  
**O'Fallon, Illinois 62269**  
**Fax: 618-632-6370**  
**lwilson@ofallon.org**