



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 June 3, 2024 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:

Ofc. Taylor Kalous (tkalous@ofallon.org)

O'FALLON POLICE DEPARTMENT

285 North Seven Hills Road

O'Fallon, Illinois 62269

Phone: 618-624-9587 Fax: 618-632-6370