CITIZEN POLICE ACADEMY

Application for Enrollment

2006

Name: _____
Last First Middle

Address: _____

_____

Date Of Birth: _____ Drivers License# _____

Sex _____ Home Tel # _____ Work Tel # _____

Place of Employment _____ Occupation _____

Work Address: _____

_____

Why do you wish to attend the Citizen Police Academy?_____

_____

How did you hear about the Citizen Police Academy?_____

_____

_____

I, _____, authorize the Rutland Police Department to conduct a criminal background check on me for the purpose of admission to the Rutland Police Department Citizen Police Academy.

_____(Signature)

Please mail completed form or drop off to: Rutland Police Department
Citizen Police Academy
Office of the Chief of Police
242 Main Street - P.O. Box 242
Rutland, MA 01543