



CITIZEN'S POLICE ACADEMY APPLICATION

Name: _____ Gender: _____

Address: _____

Day Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail Address: _____

CT Drivers License Number: _____ Date of Birth: _____

Occupation/Employer: _____

Have you ever been arrested for a criminal charge or DUI? _____ (If yes explain on back)

Please describe your past experience with community, neighborhood or volunteer activities: (use back if needed)

Please describe why you would like to attend the Stratford Police Citizen's Academy and how the knowledge you gain would help the community: (use back if needed)

Non-related personal reference we can contact:

Name: _____

Address: _____

Phone Numbers: (D) _____ (E) _____

Thank you for expressing interest in the Stratford Police Citizen's Academy. A representative from the Stratford Police Department will contact you prior to the start of the next academy.

By signing this document, I certify that the information given is accurate to the best of my knowledge. A background check will be conducted on each applicant. The Stratford Police Department reserves the right to deny entry to the academy based on findings from the background check.

Signature: _____ Date: _____