

Southwick Police Department
Citizen's Police Academy
Application



"Understanding Through Education"

Name: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ Work Phone: _____

Have you ever been arrested or charged with a crime? Yes _____ No _____ If yes, explain where, when, and disposition: _____

Place of Employment: _____ Occupation: _____

Work Address: _____

How did you hear about the Citizen's Police Academy?

Friend/Family _____ Advertisement _____ Social Media _____ Other _____

Are you at least 18 years of age? Yes _____ No _____

I hereby acknowledge that I have completed the above information fully and accurately. I give my permission to the Southwick Police Department to conduct a background investigation to determine my suitability for admission to this program.

(Print name).

(Signature).

Return application to:
Southwick Police Department / CPA
11 Depot Street
Southwick MA, 01077