

# 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: \_\_\_\_\_

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:**

**Email:** [276@southwickma.gov](mailto:276@southwickma.gov) or,

**Mail to:** Southwick Police Department / CPA

11 Depot Street, Southwick, MA 01077

**Return applications by March 15, 2024**