

Town of Georgetown, MA

1 Library Street, Georgetown, MA 01833

Citizen's Police Academy App

Georgetown Citizen Police Academy Application

Date of Application ____/____/____

Name of Applicant _____ DOB ____/____/____ SSN ____-____-____

Address _____ City/Town _____ State _____ Zip Code _____

Home: (____)____-____ Cell: (____)____-____ Work: (____)____-____

Occupation: _____ Employee: _____

Highest Level of Education: _____

Special Training, Degrees, or Areas of Expertise: _____

1. Can you fill the commitment to attend all classes? Yes / No
If No, please explain: _____

2. Why do you wish to participate in this program? _____

3. Are there any specific areas of police work you hope to have included in the course? _____

4. If you are not selected or available to attend this session, would you be interested in attending the next scheduled Citizen Police Academy? _____

I hereby make this application for the Citizen Police Academy sponsored by the Georgetown Police Department. I understand that a standard background check will be made using the information I have provided and that all information obtained will be destroyed after the completion of the background check. I also understand that the Georgetown Police Department reserves the right to refuse admission based on discoveries made through the background check. All the information provided is accurate and true to the best of my knowledge.

Signature _____

Date ____/____/____