

AMESBURY POLICE DEPARTMENT  
19 School Street, Amesbury, MA 01913  
978-388-1217

Citizen Police Academy Program Application  
*Fall 2016 Program*

Date: \_\_\_\_\_

NAME: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

GENDER: M F (please circle) DATE of BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(street) (City & State) (zip)

Social Security Number: \_\_\_\_\_

HOME PHONE #: \_\_\_\_\_ CELL #: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ WORK # \_\_\_\_\_

EMPLOYER: \_\_\_\_\_  
(Name) (Address)

E-MAIL ADDRESS: \_\_\_\_\_

Education Level (please circle): High School College Degree Other \_\_\_\_\_

1. Will you be able to attend all classes? Y/N if no why? \_\_\_\_\_

2. Are you involved with any community activities? Y/N, please list  
\_\_\_\_\_

3. Why would you like to participate? \_\_\_\_\_  
\_\_\_\_\_

I hereby apply to attend the Citizen Police Academy Program, sponsored by the Amesbury Police Department. I understand that a standard background check will be made using the information that I have provided and that any information obtained will be destroyed after completion of the background check. I also understand that a RIDE ALONG PROGRAM is part of the Program and that I will be required to complete the necessary waivers provided by the Amesbury Police Department. All information provided is accurate to the best of my knowledge.

SIGNED: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/2016

***NO PAYMENT IS DUE UNTIL THE PROGRAM BEGINS.***