



CITIZEN'S POLICE ACADEMY

City of Springfield, Massachusetts

APPLICATION FOR ADMISSION

Name: _____

Address: _____ Zip Code: _____

Date of Birth: _____ Social Security #: _____

Phone Number (day): _____

Phone Number (evening): _____

E-mail _____

Are you a member of a Beat Management Team? _____

Are you a member of a Neighborhood Council /Civic Association? _____

Are you a member of a Crime Watch?

List any other organizations you belong to, if any.

How did you hear about this class? _____

The next academy starts on **Wednesday, March 2nd, 2016** 6:00PM at 1437 Carew Street. There is no charge and the class is open to all **Springfield residents** 18 years and older. The academy will meet on Wednesday evenings from 6:00pm until 9:00pm. The Academy will run for 10 weeks. Your attendance is welcome. Send in this application today.

I am submitting my name for consideration for admission to the Citizen's Police Academy. I understand that a record check will be conducted. I understand this is an educational opportunity.

Print name please: _____

Signature: _____ Date: _____

For more information, please call 787-6359. Mail this completed form to:

Kathleen Brown
Springfield Police Department
P.O. Box 308
Springfield, MA 01101-0308
or Fax to (413) 886-5171

KBrown@springfieldpolice.net