

Old Town Police Department - Citizen Police Academy

Application for Enrollment

Name: _____

Address: _____

City / Zip: _____ Date of Birth: _____

Home Phone #: _____ E-mail: _____

Driver's License #: _____ State: _____

Occupation: _____

Work Phone #: _____

Community Group Affiliation (if any _____): _____

Why do you wish to attend the Citizen Police Academy?

How did you hear about the Citizen Police Academy?

List two references:

1. _____ Phone #: _____

2. _____ Phone #: _____

I hereby authorize the Old Town Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen Police Academy.

Signature: _____ Date: _____

Please mail or email your completed form to:

Old Town Police Department
ATN: Sgt. Lori Renzullo, CPA Coordinator
lrenzullo@oldtownpd.org
150 Brunswick St
Old Town, ME 04468