



**CITIZENS' ACADEMY
APPLICATION
(PLEASE PRINT)**

Full Name _____ **Date** _____

Last Name First Middle Maiden Name

Alias (es), Nicknames, Other Name Changes _____

Address _____ **Phone Number** _____

Street City Zip Code

Date of Birth _____ **Social Security #** _____ **Drivers License #** _____

Do You Have Any Physical Restrictions? ____ Yes ____ No **If yes, explain** _____

Spouse or Fiance(e):

Name _____ Date of Birth _____ Residence (if
different) _____

Children & Dependents:

Name _____ Date of Birth _____ Residence (if
different) _____

Name _____ Date of Birth _____ Residence (if
different) _____

Name _____ Date of Birth _____ Residence (if
different) _____

Others Residing in Your Home:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

The Albany Police Department Citizens' Academy is a ten-week course. Classes will be held on evenings and some weekends. Complete attendance is mandatory for graduation. **Will you commit your time to attend the ENTIRE Academy?** ____ Yes ____ No

How did you learn about the Citizens' Police Academy? _____

Why do you want to be selected to attend the Citizens Academy?_____

What would you like to learn from the Citizens' Academy?_____

I authorize the Albany Police Department to conduct a standard background check of my personal history, which may determine whether I am eligible to participate in the Citizens Police Academy.

APPLICANT'S SIGNATURE

DATE