Powder Springs Police

Citizen Police Academy Application for Admission



"Entrust - Empower - Expect"

	(Please Pri	int or Type)		
Name:	Street Address: _			
City:	County:		Zip Code:	
Date of Birth:	Social Security #:	Social Security #:		Sex:
Email Address:	Telephone	e # Day:	Night:	
Emergency Contact Name and	Number:			
Have you ever been arrested for	r a crime including a traf	fic offense?	O Yes O	No
If you answered yes, please exp	plain including dates and	-		
Applio	cants convicted of a fe	elony are ineli	igible to attend	
Are you 18 years of age or olded Do you have a valid driver's lie. Are you currently a resident of	cense?	O Yes O Yes ngs? O Yes	O No O No O No	
If you answered No to the above Academy Graduate, City of Po	1		1 0	
Name of Sponsor:	Ph	one Number of	Sponsor:	
Have you ever attended the Po	wder Springs Citizen's P	olice Academy	before? O Yes	O No
If you answered yes to the abo	ve question, what year di-	d you attend? _		

Mail, email or fax the completed form to the Powder Springs Police Department:

1114 Richard D. Sailors Pkwy
Powder Springs, Georgia 30127
Fax: 770-943-8027

Do you have	any s	pecial ne	eeds that woul	ld require accommodations in order for you to participate in this
program?	O	Yes	O No	If yes, please explain:
How did you	ı hear	about ou	ır Citizen's Po	olice Academy?
Do you knov	w any	employe	es of the Pow	rder Springs Police Department?
Why are you	ı intere	ested in a	attending the (Citizen's Police Academy?
schedule or	to not y signi	ify some	eone should y	ot in strict confidence. It will be used to notify you of a change in you become injured or ill during the time you are participating in this ize the Powder Springs Police Department to perform a GCIC /NCIC
		Sig	gnature of App	plicant Date