

Lynn Police Department Lynn, Massachusetts

CITIZEN POLICE ACADEMY APPLICATION

Upon completion of this application form, please return same to the Lynn Police Department 300 Washington Street Lynn, MA 01902
Attention: Officer Alice Parker. You will be notified upon acceptance.

NAME _____ Date of Birth _____

ADDRESS _____

TELEPHONE (H) _____ (W) _____

EMPLOYER _____

OCCUPATION _____

BUSINESS ADDRESS _____

DRIVER'S LICENSE # _____ SOCIAL SECURITY# _____

DATE OF APPLICATION _____

Organization(s) in which you participate, any awards, or special recognition you received? _____

Why do you wish to attend the Citizens' Police Academy? _____

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

Have you ever been arrested and/or convicted of a crime? If so, explain. _____

Can you fill the commitment to attend all classes for the duration of the instruction of the Citizens' Police Academy?

If you are not selected or available to attend this session, would you be interested in attending the next schedule Citizens' Police Academy?

I **authorize** the Lynn Police Department to conduct a background check to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen's Police Academy.

SIGNATURE _____ DATE _____