



LOCKPORT POLICE DEPARTMENT



Citizens Police Academy Application

Date of Application _____

Full Name (as it appears on your Driver's License) _____

Date of Birth _____ Email _____

Address _____

Telephone (Home) _____ (Work) _____

Occupation _____ Employer _____

Employer's Address _____

Please List one Personal reference that is not related to you.

Name _____ Address _____

Telephone(Home) _____ (Work) _____

Have you been arrested for any offense other than a traffic violation? Yes _____

No _____

If yes, what for? _____ When? _____

Where? _____

ELIGIBILITY REQUIREMENTS

Applicants for the Citizen Police Academy must meet the following criteria:

You must live, work, or attend school in the City of Lockport

Be at least 18 years of age

Have no felony convictions have no misdemeanor convictions within three years of application. Any requirement may be waived or modified upon review and approval of the Chief of Police

Briefly explain your interest in the Citizens Police Academy.

What do you expect to gain from attending the Academy?

How did you hear about the Citizens Police Academy?

Please list or describe any civic activities/organizations you are or have been involved in:

Will you be able to attend all of the class sessions? YES _____ NO _____

If NO, please explain:

- List a contact person in case of an emergency during your attendance at the Citizen Police Academy:

Name _____ Address _____

Telephone _____ Relationship: _____