SANDWICH POLICE DEPARTMENT

117 Route 6A, Sandwich, MA 02563

Peter N. Wack, *Chief of Police*

CITIZENS POLICE ACADEMY APPLICATION

(Please print all information clearly)

Name:_____
Last Name First Name M.I.

Home (residential) address:_____
Street Town

Mailing address:_____
Street / P.O. Box Town Zip

Telephone #:_____ _____
Work / Cell

Email address :_____

Occupation:_____ **Employer:**_____

Date of Birth:_____ **Driver's License #:**_____

Important Notice: ***A criminal records check/background investigation will be conducted on all applicants for the Citizens Police Academy. By signing below, you hereby grant the Sandwich Police Department authority to conduct a criminal history records check/background investigation. The background check will be for Academy purposes and will be kept confidential.***

Signature:_____ **Date:**_____

We anticipate that there will be strong community interest in this program. Please share your thoughts on why you are interested in attending the Citizens Police Academy and what you hope to gain from the experience (use back of sheet if necessary).

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PLEASE NOTE: ***Completed applications should be returned no later than March 7, 2016 to: Sgt. Bruce Lawrence, Sandwich Police Department, 117 Route 6A, Sandwich MA 02563. The Academy will begin on Thursday evening 03/24/16 at 6:30 p.m. Classes will run from 6:30 to 9:30 p.m. every Thursday evening, thereafter, for a 12 week period. You will be notified of your acceptance at least one week prior to the academy start date.***