

Westtown-East Goshen Regional Police Department
Citizens Police Academy
Application

Name (First/Middle/Last): _____

Address: _____

Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Place of Employment: _____

Address of Employer: _____

E-Mail Address: _____

How did you hear about the Citizens Police Academy? _____

Why would you like to attend the Citizens Police Academy? _____

A criminal record check/driver record check will be conducted on each applicant. This review is for evaluation purposes only and will not be made part of the applicants file.

I affirm that the above information is true and correct to the best of my knowledge and authorize the Westtown-East Goshen Regional Police Department to check this information for accuracy. I understand that any false information may result in my rejection from this program.

Signature

Date

*** A \$27.00 dollar non-refundable processing fee is due at the time the application is submitted to cover costs associated with CPR/First Aid certification. Please make checks payable to "Westtown-East Goshen Regional Police Department".**

***Class size is limited to 16 participants.**