



# CITIZEN'S POLICE ACADEMY

## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Person One/Address/Phone/Relationship: \_\_\_\_\_

Emergency Contact Person Two/Address/Phone/Relationship: \_\_\_\_\_

Reasons you would like to attend the Citizen Police Academy:

\_\_\_\_\_

Are you related to an employee of the Nantucket Police Department? YES NO

Are You a Graduate of any Citizens Police Academy? YES NO

Do you have any needs that may require special consideration? YES NO

If yes, explain: \_\_\_\_\_

\*\*\* LEGAL NOTE – PLEASE READ BEFORE SIGNING \*\*\*

This form must be completed and returned to the Nantucket Police Department. It takes at least two weeks to process the form and do a background check. By signing this form, you are giving the Nantucket Police Department permission to complete a thorough criminal history check on you prior to the beginning of the Citizen Police Academy. Completing this form does not guarantee the applicant entrance into the Citizen Police Academy. You will be contacted to inform you If your application has been approved or denied. In addition to this form, you may be required to complete additional paperwork at the time of the Citizen Police Academy. Completed applications should be turned into the Nantucket Police Administrative Assistant Sheila Clinger during regular business hours.

*I certify that my answers are true and complete to the best of my knowledge.*

If this application leads to enrollment in the Citizen Police Academy, I understand that false or misleading information in my application or interview may result in my release.

\*\*\*Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_