

**DOVER POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY APPLICATION
(Please Print)**

1. YOUR FULL NAME: _____
Last First Middle

2. YOUR ADDRESS: _____
Street City State Zip

E-Mail Address: _____ (Primary Contact Method)

3. YOUR TELEPHONE NUMBER: _____
Home Work

4. YOUR DATE OF BIRTH: _____
M/D/YR

5. PERSON TO CONTACT IN EMERGENCY: _____

THEIR TELEPHONE NUMBER: _____
Home Work

RELATIONSHIP TO YOU: _____

6. WHAT IS YOUR OCCUPATION? _____

7. LIST THE ORGANIZATIONS YOU ARE AFFILIATED WITH: _____

8. WHY DO YOU WISH TO ATTEND THE CITIZEN'S POLICE ACADEMY? _____

9. WHAT WILL YOU DO WITH THE INFORMATION YOU LEARN IN THE CITIZEN'S POLICE ACADEMY? _____

10. CAN YOU COMMIT THE TIME REQUIRED FOR CITIZEN POLICE ACADEMY ATTENDANCE?
(Nine weeks, three hours per week) _____

IF YOU NEED ADDITIONAL SPACE FOR YOUR ANSWERS, PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED AND REFER TO QUESTION NUMBER WHEN PROVIDING YOUR ANSWER.

PLEASE RETURN THIS APPLICATION TO THE:

**DOVER POLICE DEPARTMENT'S PLANNING & TRAINING UNIT
400 SOUTH QUEEN STREET
DOVER, DE 19904**

YOU MAY ALSO FAX IT TO THE DOVER POLICE DEPARTMENT'S PLANNING & TRAINING UNIT AT: (302) 736-7157

IF YOU HAVE ANY QUESTIONS, YOU MAY CONTACT THE PLANNING & TRAINING UNIT AT: 736-7116.