



10-01

# Citizen Police Academy

*"Police And Community Together"*

## Application

Name \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Last First MI (M/D/Y)

Home Address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City/County) (State) (Zip Code)

Home Telephone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Telephone Number \_\_\_\_\_

Highest Level of Education Completed \_\_\_\_\_

Can you fulfill the commitment to attend all classes for the duration of the Citizen Police Academy?

Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please comment:

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Why do you wish to participate in this program?

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What, if any, is the extent of your involvement in the community?  
(Clubs, social groups, etc.)

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Is there a Law Enforcement topic, of interest, that you would like included in the Citizen Police Academy?

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I hereby make application for the Citizen Police Academy hosted by the New Rochelle Police Department.

I understand that a standard background check will be conducted using the information I have provided.

I understand that a prior **felony conviction** will prohibit my participation in the Citizen Police Academy.

I also understand that all obtained information will be confidential.

All information provided is accurate to the best of my knowledge.

**Signed:** \_\_\_\_\_

**Dated:** \_\_\_\_\_

**Completed applications should be mailed to the following address, before the first class:**

Lt. Cosmo Costa  
New Rochelle Police Department  
475 North Avenue  
New Rochelle NY, 10801  
Attn: Training Unit (Citizen Police Academy)

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**Reviewed by Training Unit**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
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Revised 02/18/10