



CITIZENS' POLICE ACADEMY APPLICATION

The Citizens' Police Academy is a unique concept in law enforcement and community relations. As part of a continuing commitment to develop citizen awareness and understanding of the role of law enforcement, the Albany Police Department has designed an academy course for citizens of all backgrounds and occupations. Successful applicants must be 18 years or older and pass a criminal background check.

The Citizens' Academy consists of interactive classroom and "hands-on" instruction. Topics include, but are not limited to: patrol procedures, investigation skills, K-9 unit, building searches, crime prevention, and use of firearms.

The Academy is *free*. Classes will be held one evening a week on **Tuesdays from 6:30 p.m. to 9:30 p.m. beginning September 1, 2009, through November 3, 2009. Two Saturday classes are also planned.**

Each applicant must complete the attached application forms. Return forms to the Albany Police Department by **Monday, August 17, 2009, no later than 5:00 p.m.** For additional information please call the Albany Police Department at 917-7680.



**CITIZENS' ACADEMY
APPLICATION
(PLEASE PRINT)**

Full Name _____ **Date** _____

Last Name *First* *Middle*

Alias (es), Nicknames, Other Name Changes _____

Address _____ **Phone Number** _____

Street *City*

Date of Birth _____ **Social Security #** _____

Do You Have Any Physical Restrictions? ___ Yes ___ No **If yes, explain** _____

Spouse or Fiance(e):

Name _____ Date of Birth _____ Residence (if
different) _____

Children & Dependents:

Name _____ Date of Birth _____ Residence (if
different) _____

Name _____ Date of Birth _____ Residence (if
different) _____

Name _____ Date of Birth _____ Residence (if
different) _____

Others Residing in Your Home:

Name _____ Date of Birth _____

Name _____ Date of Birth _____

The Albany Police Department Citizens' Academy is a ten-week course. Classes will be held on evenings and some weekends. Complete attendance is mandatory for graduation. **Will you commit your time to attend the ENTIRE Academy?** ___ Yes ___ No

How did you learn about the Citizens' Police Academy? _____

Why do you want to be selected to attend the Citizens' Academy? _____

What would you like to learn from the Citizens' Academy? _____

I authorize the Albany Police Department to conduct a standard background check of my personal history, which may determine whether I am eligible to participate in the Citizens' Police Academy.

APPLICANT'S SIGNATURE

DATE