



23-01

Citizen Police Academy

"Police And Community Together"

Application

Name _____ D.O.B. _____
Last First M.I. (MM/DD/YY)

Home Address _____
(Street)

(City/Town/Village) (State) (Zip Code)

Driver License Number (If applicable) _____

Telephone Number _____ Email Address _____

Emergency Contact Person _____ Telephone Number _____

Highest Level of Education Completed _____

Can you fulfill the commitment to attend all (9) classes for the duration of the Citizen Police Academy?

Yes _____ No _____ If no, please explain:

Why do you wish to participate in this program?

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

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

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 **misdemeanor or felony conviction** may prohibit my participation in the Citizen Police Academy.

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

Signed: _____

Dated: _____

Completed applications should be mailed or emailed to the following address or dropped off at the front desk of the New Rochelle Police Department by February 28, 2023:

Sgt. Kyle Wilson
New Rochelle Police Department
475 North Avenue
New Rochelle NY, 10801
Attn: PACT Unit - Citizen Police Academy
NRPDPACT@newrochelleny.com

Reviewed by PACT Unit

Signature _____ **Date** _____

Comments: _____

Revised 1/20/2023