

**ANTHONY WAYNE AREA
CITIZENS POLICE ACADEMY APPLICATION**

First Name: _____

Last Name: _____

Phone: _____ Date of Birth: _____

Address: _____

City: _____ State: _____

Email Address: _____

Have you been arrested or convicted of a crime ? No Yes

If yes please explain:

How did you hear about the academy?

What do you expect to gain from attending?

Attendance is important. Can you make a reasonable commitment to attend all of the sessions?

Yes No If no, please explain: _____

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Waterville Police Department, Whitehouse Police Department and/or the Waterville Township Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen's Police Academy. Information included in this form is required for proper verification purposes. It is not used for any other purpose.

Printed Name of Applicant

Date

Signature of Applicant