



CITIZEN'S POLICE ACADEMY

City of Springfield, Massachusetts

APPLICATION FOR ADMISSION

Name: _____

Address: _____ Zip Code: _____

Date of Birth: _____ Social Security #: _____

Phone Number (day): _____

Phone Number (evening): _____

E-mail _____ Pager _____

Are you a member of a Beat Management Team? _____

Are you a member of a Neighborhood Council /Civic Association? _____

Are you a member of a Crime Watch? _____

List any other organizations you belong to, if any.

How did you hear about this class? _____

The next class starts October 7th, 2009, on Wednesday evenings at the Public Safety Complex 1212 Carew Street (next to the Van Sickle Middle School). There is no charge and is open to all residents of Springfield. The academy will meet on Wednesday evenings from 6:00pm until 9:00pm. The course will run for 10 weeks. Your attendance is welcome.

I am submitting my name for consideration for appointment to the Citizen's Police Academy. I understand that a record check will be conducted.

Print name please _____

Signature: _____ Date: _____

For more information, please call 787-6359.

Mail this completed form to:
Kathleen Brown
Springfield Police Department
P.O. Box 308
Springfield, MA 01101-0308

Or Fax to 886-5171 or scan and e-mail to Kbrown@springfieldpolice.net