

Sidney Police Department

Citizens' Police Academy



Application for Admission

**** Please print all answers ****

Date: _____

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: (Day Month Year) _____

Gender: Male Female

Home Address: _____

City: _____

State: _____

Zip: _____

Home Phone: (____)-____-_____

Cell Phone: (____)-____-_____

Preferred Email Address: _____

Shirt Size- Male _____ Female _____

Driver's License (State & Number): _____

Occupation: _____

Business Name: _____

Business Address: _____

City: _____

State: _____

Zip: _____

Business Phone: (____)-____-_____

Have you ever been convicted of a felony? Yes or No

Have you ever been charged with a crime, other than a minor traffic offense? Yes or No

If "yes," please list the jurisdiction, the date, what you were charges with:

Please list your reasons for wanting to attend the Sidney Police Department Citizens' Police Academy:

What do you hope to gain out of the program? What topics would you prefer to learn?

Can you commit to attending 08 out of 10 class sessions, so that you can attend the graduation ceremony in May?

Yes or No

I understand that the Sidney Police Department will conduct a criminal background investigation check on each applicant.

There is no charge for the Citizens' Police Academy.

I certify that all the information provided is true and correct to the best of my knowledge. Intentionally submitted inaccurate information may disqualify me from consideration.

Check to certify.

Name: _____

Date: (Day Month Year) _____