



CITIZEN'S POLICE ACADEMY

City of Springfield, Massachusetts

APPLICATION FOR ADMISSION

Name: _____

Address: _____ **Zip Code:** _____

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

Phone Number (day): _____ **(evening):** _____

E-mail _____

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? _____

Please list any other organizations you belong to, if any.

How did you hear about this class? _____

I am submitting my name for consideration for admission to the Citizen's Police Academy. I understand that a record check will be conducted. I understand this is an educational opportunity.

Print name please: _____

Signature: _____ **Date:** _____

For more information, please call 735-1566. Mail this completed form to:

Officer Kevin Ashworth
Springfield Police Department
130 Pearl Street
Attention: Police Academy
Springfield, MA 01101
or Fax to (413) 787-6319

KAshworth@springfieldpolice.net