



# CITIZEN'S POLICE ACADEMY

City of Springfield, Massachusetts



## APPLICATION FOR ADMISSION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ License or I.D. #: \_\_\_\_\_

Phone Number (day): \_\_\_\_\_

Phone Number (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? \_\_\_\_\_

List any other organizations you belong to, if any. \_\_\_\_\_

How did you hear about this class? \_\_\_\_\_

There is no charge and the class is open to all **Springfield residents** 18 years and older.  
The academy will meet on Tuesday evenings from 6:00 pm until 8:30 pm.  
The academy will run for 6-8 weeks. Your attendance is welcome.  
Send in this application today.

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

Print name please: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For more information, please call 413-787-6359. Mail this completed form to:  
Community Police Liaison  
Springfield Police Department  
130 Pearl Street  
Attention: Citizens Police Academy  
Springfield, MA 01105  
[sarce@springfieldpolice.net](mailto:sarce@springfieldpolice.net)