

CITIZEN'S POLICE ACADEMY APPLICATION

VAT -	Name:	Gender:
ACH	Day Phone:	Evening Phone:
Cell Phone	:	_ E-mail Address:
CT Drivers	License Number:	Date of Birth:
Occupation	n/Employer:	
Have you	ever been arrested for	or a criminal charge or DUI?(If yes explain on back)
Please describe your past experience with community, neighborhood or volunteer activities: (use back if needed)		
Please describe why you would like to attend the Stratford Police Citizen's Academy and how the knowledge you gain would help the community: (use back if needed)		
Name:	d personal reference	e we can contact:
	nbers: (D)	(E)
•	ive from the Stratfo	rest in the Stratford Police Citizen's Academy. A ord Police Department will contact you prior to the start
By signing this document, I certify that the information given is accurate to the best of my knowledge. A background check will be conducted on each applicant. The Stratford Police Department reserves the right to deny entry to the academy based on findings from the background check.		

Signature: ______ Date: _____