



Citizens Police Academy Application 2024

Please print and complete all information.

(All Applications must be returned before August 08/25/2024)

Name _____ Date of Birth _____ Age _____

(Last, First, Middle, Maiden)

Home Address _____

Business Address _____

City _____ State _____ Zip _____ T-Shirt Size _____

Driver's License Number _____ Occupation _____

Are you a U.S. Citizen? Yes ___ No ___

Mobile Phone # _____ Work Phone# _____

E-mail address: _____

(Please add so we may contact you in case of class cancellations)

Social Security Number _____ License Number _____

(optional)

Have you ever been convicted of a crime? Yes _____ No _____

If **Yes**, explain where, when, and case disposition

Briefly explain your interest in attending the Citizens Police Academy:

Briefly explain any experience you've had with Law Enforcement, either Positive or Negative.

Liability Waiver:

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. By signing below, I hereby authorized the Coventry Police Department to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy.

As consideration for allowing me to participate in this academy, I hereby waive any claim whatsoever by myself, my heirs and assigns, against the Town of Coventry and the Coventry Police Department, which may accrue as a result of my voluntarily participating in this program.

Signature of Applicant _____ Date _____