



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