



Citizen's Police Academy 2008

Name _____
Last First Middle

Race _____ Sex _____ Date of Birth _____ Age _____

Address: _____
Street City Zip Code

Home Phone _____ Cell Phone _____
Ex: (xxx) xxx-xxxx Ex: (xxx) xxx-xxxx

Driver's License Number _____ State _____

E-Mail Address _____

Do you live, work, or go to school in Leland? _____

Do you have any special needs that require accommodation in order for you to participate in this program? _____

*****A thorough background check will be conducted to determine suitability for admission to the program*****

Have you ever been arrested for, convicted of, cited for an offense (including DWI), other than traffic fines of \$200 or less?

Emergency Contacts

List *two* immediate family members or close friends we may contact in the event of an emergency:

Name: _____

Home Address: _____

Home Phone: _____

Business Address/Phone: _____

Name: _____

Home Address: _____

Home Phone: _____

Business Address/Phone: _____

Mail To: Citizen's Police Academy
Leland Police Department
102 Town Hall Drive, Leland, NC 28451
910-371-1100