



LELAND POLICE DEPARTMENT

102 Town Hall Drive, Leland, NC 28451
Office: (910) 371-1100 | Fax: (910) 371-1889
Mike James, Chief of Police



Citizen's Academy Registration

IDENTIFYING INFORMATION

NAME (LAST, FIRST, MIDDLE)

DATE

ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE (HOME)

TELEPHONE (MOBILE)

EMAIL ADDRESS

BIRTHDATE

RACE/ETHNICITY

N.C. DRIVER'S LICENSE #

OCCUPATION

NAME OF EMPLOYER/SCHOOL

BUSINESS PHONE

HOW LONG HAVE YOU LIVED IN LELAND?

EDUCATIONAL BACKGROUND: Please tell us your highest level of education completed.

GED _____

H.S. DIPLOMA _____

TECHNICAL/VOCATIONAL CERTIFICATE _____

ASSOCIATE'S DEGREE _____

BACHELOR'S DEGREE _____

MASTER'S DEGREE _____

OTHER _____

CIVIC ACTIVITIES: Please include any present or past membership on City, County, State, or Federal commissions, boards, or participation on activities of community groups or organizations.



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YOUR INTEREST: WHY ARE YOU INTERESTED IN ATTENDING CITIZEN'S ACADEMY? Please include what you would like to learn from the Academy.

HOW DID YOU FIND OUT ABOUT THIS CITIZEN'S ACADEMY?

HAVE YOU PREVIOUSLY PARTICIPATED IN ANY OTHER CITIZEN'S ACADEMY? If so please list when and where.

DO YOU HAVE ANY PRIOR ARRESTS, CONVICTIONS OR PENDING COURT CASES? Please include all misdemeanors and felonies. Do not include infractions (ie. Traffic Ticket).

YES _____ NO _____

If you answered yes to the previous question, please list below the **DATE, AGENCY, CHARGE, & DISPOSITION**, attach additional sheets if necessary.



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CLASS ATTENDANCE

The Citizen's Academy is an accelerated course with a full agenda for each session. Missing more than two class sessions will result in not receiving a certificate from the Academy. Do you understand that if you miss two class sessions you will not receive a certificate of completion from the course?

YES _____ NO _____

BACKGROUND AUTHORIZATION

I understand that a criminal background and warrant check will be conducted by the Leland Police Department as part of the application process. I hereby authorize any law enforcement agency to release to the Leland Police Department, any and all information, which said agencies have about me, for the limited purpose of aiding the Leland Police Department in evaluating my eligibility for participation in Citizen's Academy. This authorization extends to any information which said agencies or any of them may know or have about me, whether public, personal, or confidential. I understand that I will not receive and I am not entitled to know the contents of confidential reports received from these agencies. I hereby release, discharge, and agree to hold harmless the agencies, their agents, and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

SIGNATURE OF APPLICANT _____ DATE _____

PRINT YOUR FULL NAME _____

OFFICIAL USE ONLY

Date Investigated: _____ Investigator: _____

Applicant Qualifies: YES _____ NO _____

Investigator Signature: _____ Date Submitted for Review: _____

Final Approval of Investigation Results:

Lt/Chief Name: _____ Signature: _____

Date: _____

Applicant Notified of Final Status: Date: _____ Officer: _____