SOLEBURY TOWNSHIP POLICE DEPARTMENT

Community Police Academy — Application

Thank you for your interest in the Solebury Township Police Department Community Police Academy — a free, 6-week program open to residents who want an inside look at local law enforcement. Please complete this form electronically or by hand, and return it to the Solebury Township Police Department, or submit it online at www.soleburypd.org.

APPLICANT INFORMATION

Full Name

Home Address | **Apt/Unit**

City | **State** | **ZIP Code**

Home / Cell Phone | **Email Address**

Date of Birth | **Occupation**

Years Residing in Solebury Township

EMERGENCY CONTACT

Emergency Contact Name | **Relationship**

Emergency Contact Phone Number

A FEW QUESTIONS

Why are you interested in attending the Community Police Academy?

Have you, or has an immediate family member, ever been employed in law enforcement or a related field? If yes, please describe.

ACKNOWLEDGMENT

By signing below, I confirm that the information provided is accurate and complete to the best of my knowledge. I understand that a background check may be required for participation, that attendance at all sessions is encouraged, and that some activities may involve ride-alongs, equipment demonstrations, or scenario-based exercises. I understand my participation is voluntary and I may withdraw at any time.

Applicant Signature (type full name) | **Date**

FOR DEPARTMENT USE ONLY

Date Received: | **Background Check:** ☐ Pending ☐ Complete

Accepted: ☐ Yes ☐ No | **Reviewed By:**