

Citizens Police Academy for Youths

Get an up-close and personal look into police work!

Application

(PLEASE PRINT)

Name: _____ Social Security# _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Race: ____ Sex: ____ Driver's License # _____

Home Telephone # _____ Shirt size _____

Employer (if applicable): _____ Title: _____

Work Telephone # _____ Address: _____

City: _____ State: _____ Zip: _____

Do you live in Mobile or its jurisdiction? Yes _____ No _____

In your own words, tell why you would like to attend the Young Adults Citizens' Academy:

How did you find out about the Citizens' Academy?

List two (2) family members or close friends whom we may contact in case of an emergency:

Name: _____ Relationship: _____ Telephone # _____

Name: _____ Relationship: _____ Telephone # _____

Have you even been arrested/convicted of a crime? Yes _____ No _____ If yes, explain below.

The Mobile Police Department will conduct a background Criminal History check on all applicants to determine prior arrests and convictions. By your signature below, and the signature of your parent or guardian, you are authorizing the Mobile Police Department to conduct this investigation. Any information found to be untruthful will be grounds for denial of this application.

PLEASE MAIL TO: POLICE DEPARTMENT ACADEMY, 1251 VIRGINIA ST., MOBILE, AL 36604.

PARTICIPANT SIGNATURE: _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____ Date: _____