

Citizens Police Academy for Youths

See the Work of Police Close-Up and Personal!

Application

(PLEASE PRINT)

Name: _____ Social Security# _____
Address: _____ City: _____ State: _____ Zip: _____
Date of Birth: _____ Race: ___ Sex: ___ Driver's License # _____
Home Telephone # _____

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 want to attend the Young Adults Citizens Academy:

How did you find out about the Citizen's Academy?

List two (2) family members or close friends that we can contact in an emergency

Name: _____ Relationship: _____ Telephone # _____
Name: _____ Relationship: _____ Telephone # _____

Have you even been arrested/convicted of a crime? Yes _____ No _____ 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: _____