



Whately Police Department Citizen Police Academy

APPLICATION FORM

NAME: _____

ADDRESS: _____

EMAIL: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

HOME PHONE: _____ **CELL PHONE:** _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____

HAVE YOU EVER BEEN ARRESTED? YES NO

IF YOU HAVE BEEN ARRESTED, PLEASE INDICATE WHAT YOU WERE
ARRESTED FOR AND WHERE: _____

HOW DID YOU HEAR ABOUT THE CITIZEN POLICE ACADEMY?

I hereby acknowledge that I have completed the above information fully and accurately.
I give my permission to the Whately Police Department to conduct a background
investigation to determine my suitability for admission to this program.

Signature: _____ Date: _____

Complete and Return to: Chief James A. Sevigne
 Whately Police Department
 77 Christian Ln.
 Whately Ma. 01093

For more information regarding this program, please contact Chief James A. Sevigne at
413-665-0430.