

**Westtown-East Goshen Regional Police Department**  
**Citizens Police Academy**  
*Application*

Name (First/Middle/Last): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

How did you hear about the Citizens Police Academy? \_\_\_\_\_  
\_\_\_\_\_

Why would you like to attend the Citizens Police Academy? \_\_\_\_\_  
\_\_\_\_\_

A criminal record check/driver record check will be conducted on each applicant. This review is for evaluation purposes only and will not be made part of the applicants file.

I affirm that the above information is true and correct to the best of my knowledge and authorize the Westtown-East Goshen Regional Police Department to check this information for accuracy. I understand that any false information may result in my rejection from this program.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\* A \$27.00 dollar non-refundable processing fee is due at the time the application is submitted to cover costs associated with CPR/First Aid certification. Please make checks payable to "Westtown-East Goshen Regional Police Department".**

**\*Class size is limited to 16 participants.**