

# Milton Police Department

## Citizen's Police Academy Application

### Personal Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

Middle Name: \_\_\_\_\_

Phone: \_\_\_\_\_

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

City: \_\_\_\_\_

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

Zip Code: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

**\*Important Notice:** By signing below you grant the Milton Police Department permission to conduct a criminal background records check.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

We anticipate there will be a strong community interest in this program. Please share your thoughts on why you are interested in attending Milton Citizen's Police Academy and what you hope to gain from it. Please attach additional pages if needed.

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Do you have any Civic/Group Affiliations?

\_\_\_ YES \_\_\_ NO

If Yes- Provide Names

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**Milton Police Department**

**CPA-Application**

The Citizens Police Academy meets every Wednesday evening from 6pm until approximately 9pm. There are occasional classes on other weekday evenings and one Saturday day class. Will you be able to attend all classes?

\_\_\_ YES \_\_\_ NO

If No, please list unavailable dates:

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Why do you think you should be selected to participate in the Citizen's Police Academy and what do you hope to learn from it?

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Have you had any involvement with the Milton Police, or any other police department? If "YES," please explain

\_\_\_ YES \_\_\_ NO

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Please provide any additional information that you think will make you a good candidate for this program:

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*I understand that any omitted or false answers will be grounds for my application being rejected. I completed this application myself and understand that participation in this program is voluntary and that the Milton Police Department will make the final determination on applicants to this program.*

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**Signature**

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**Date**