

**TEWKSBURY POLICE DEPARTMENT**  
**CITIZEN POLICE ACADEMY**  
**2008**

APPLICATION

APPLICANTS MUST BE AT LEAST 18 YEARS OF AGE

**THIS PROGRAM IS FREE OF CHARGE**

**PLEASE PRINT**

Name \_\_\_\_\_

D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_      Social Security Number \_\_\_\_/\_\_\_\_/\_\_\_\_

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

Home Phone Number \_\_\_\_\_ Work Place \_\_\_\_\_

Work Address \_\_\_\_\_

Please note your suggestions on how the Tewksbury Police Department can provide information that would be useful and interesting to you.

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**CLASS SCHEDULE**

Citizen Police Academy will meet for 12 consecutive weeks on Wednesday evenings from 6:00 PM to 9:00 PM starting on February 20<sup>th</sup>, 2008 and ending on May 7<sup>th</sup>, 2008

**You must have an application on file to attend the Citizens Police Academy**

**IMPORTANT**

Due to the sensitive nature of the material covered within the Citizen Police Academy sessions, all participants are required to sign below.

I HEREBY GRANT PERMISSION FOR THE TEWKSBURY POLICE DEPARTMENT TO ACCESS MY CRIMINAL HISTORY FILE. I FURTHER UNDERSTAND THAT THIS INFORMATION WILL BE KEPT **CONFIDENTIAL** AND THAT THIS RECORD CHECK IS FOR THE PURPOSE OF THIS APPLICATION ONLY.

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

Return this completed form to The Tewksbury Police Headquarter, Program Director CSO Brian Warren  
918 Main St. Tewksbury, MA 01876 **on or before February 10, 2008.**