



Citizens Police Academy Application

Please print and complete all information.

Name _____ Date of Birth _____

Home Address _____ City _____ State _____ Zip _____

Occupation _____ Are you a U.S. Citizen? Yes _____ No _____

Home Phone # _____ Work Phone # _____ Cell # _____

Social Security Number _____ License Number _____

Have you ever been convicted of a crime? Yes _____ No _____

If **yes**, explain _____

Briefly explain your interest in attending the Citizens Police Academy:

Briefly explain any experience you've had with Law Enforcement, either Positive or Negative.

Liability Waiver:

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy.

As consideration for allowing me to participate in this academy, I hereby waive any claim whatsoever by myself, my heirs and assigns, against the City of Cranston and the Cranston Police Department, which may accrue as a result of my voluntarily participating in this program.

Signature of Applicant _____ Date _____