



01-19

Police And Community Together Citizen Police Academy

Application

Name _____ D.O.B. _____
Last First MI (M/D/Y)

Home Address _____
(Street)

(City/County) (State) (Zip Code)

Home Telephone _____ Work/Cell phone _____

Emergency Contact Person _____ Telephone Number _____

Highest Level of Education Completed _____

Can you fulfill the commitment to attend all classes for the duration of the P.A.C.T./Citizen Police Academy?

Yes _____ No _____ If no, please comment:

Why do you wish to participate in this program?

What, if any, is the extent of your involvement in the community?
(Clubs, social groups, etc.)

Is there a Law Enforcement topic, of interest, that you would like included in the P.A.C.T./Citizen Police Academy?

I hereby make application for the P.A.C.T./Citizen Police Academy hosted by the Buffalo Police Department.

I understand that a standard background check will be conducted using the information I have provided.

I understand that a prior **felony conviction** will prohibit my participation in the P.A.C.T./Citizen Police Academy.

I also understand that all obtained information will be confidential.

All information provided is accurate to the best of my knowledge.

Signed: _____

Dated: _____

Completed applications should be mailed to the following address, before the first class:

Captain Steven Nichols
Buffalo Police Department
68 Court Street
Buffalo, NY 14202
Attn: Training Academy

Reviewed by Director of Community Outreach

Signature _____ **Date** _____

Comments:

Revised 01/07/19