

**HARRINGTON POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY APPLICATION**

(Please Print)

1. FULL NAME: _____
Last First Middle

2. ADDRESS: _____
Street City State Zip

3. TELEPHONE NUMBER: _____
Home Work

4. DATE OF BIRTH: _____
Month/Day/Year

5. PERSON TO CONTACT IN EMERGENCY: _____

TELEPHONE NUMBER: _____
Home Work

RELATIONSHIP TO YOU: _____

6. WHAT IS YOUR OCCUPATION? _____

7. LIST THE ORGANIZATIONS/SCHOOLS YOU ARE AFFILIATED WITH _____.

8. WHY DO YOU WISH TO ATTEND THE CITIZEN'S POLICE ACADEMY? _____

9. WHAT WILL YOU DO WITH THE INFORMATION YOU LEARN IN THE CITIZEN'S POLICE ACADEMY? _____

10. CAN YOU COMMIT THE TIME REQUIRED FOR CITIZEN POLICE ACADEMY ATTENDANCE?
(Eight weeks, three hours per week) _____

PARENT/GUARDIAN SIGNATURE IF UNDER 18 _____

IF YOU NEED ADDITIONAL SPACE FOR YOUR ANSWERS, PLEASE ATTACH ADDITIONAL SHEETS AS NEEDED AND REFER TO QUESTION NUMBER WHEN PROVIDING YOUR ANSWER. IF YOU ARE UNDER 18 PARENT MUST SIGN APPLICATION.

PLEASE RETURN THIS APPLICATION TO:

**HARRINGTON POLICE DEPARTMENT
10 MECHANIC STREET
HARRINGTON, DE 19952**

Or Send by Fax to (302) 398-8947

**IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT Lori Williams or SGT Adam Gillespie AT:
302-398-4493**