

**BELMONT POLICE DEPT.
CITIZENS POLICE ACADEMY**

APPLICATION
(Please Print Neatly)

NAME: _____ DATE OF BIRTH: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

IF YOU ARE A NON RESIDENT, WHERE DO YOU WORK IN BELMONT

PHONE: (Home) _____ (Work/Cell) _____

E-MAIL ADDRESS: _____

Do you know anyone involved in Law Enforcement?

Reason(s) for wanting to attend the Citizens Police Academy

Polo Shirt Size: Men's _____ Women's _____

I have read the above information and agree to the terms listed. I hereby give my permission for the Belmont Police Department to conduct a background check for the purposes of this class only.

SIGNATURE: _____ DATE: _____

All applicants will receive a response concerning their application. The Belmont Police Department would like to thank you for your interest in the Academy, and hope that your experience with us will be a positive and productive one.

Note: Class size is limited. This class is for residents of Belmont or individuals who work in the town of Belmont. Participants must be 18 years of age or older. Applicants may not have outstanding warrants, pending criminal cases or be involved in criminal activity.

Please mail or drop off completed applications to the below address.

Belmont Police Department
460 Concord Ave.
Belmont, MA. 02478
Attn: Lt. Daley