

Freeport Police Department Civilian Police Academy

Last Name	First Name	MI
Street Address	City	Zip
Home Phone	Work Phone	Date of Birth
Age	SSN	Driver's License # / State
Emergency Contact	Relationship	Phone #

Community Affiliations:

Special Skills:

CERTIFICATION: I hereby certify that all statements made on this form are true to the best of my knowledge.

Signature _____ Date _____.

WHY DO YOU WANT TO PARTICIPATE? HOW DO YOU HOPE TO BENEFIT FROM THIS?