

**PERRYSBURG TOWNSHIP POLICE DEPARTMENT
CITIZEN POLICE ACADEMY APPLICATION**

26711 LIME CITY ROAD, PERRYSBURG, OHIO 43551
(419)874-3551 ext. 6906 mmunoz@perrysburgtownship.us

Applications will be accepted from February 13 – February 17, 2012.

Please drop off applications at the Police Station with "Attn: Sgt. Mike Munoz" on the envelope.

Class size is limited and efforts are made to maintain a balanced enrollment.

Accepted participants will be notified by mail.

(Please print or type)

Last Name: _____ First Name: _____ Middle Initial _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Place of Birth (City/State) _____

Driver's License Number: _____ Sex: _____

Place of Employment: _____

Phone Number: Day _____ Home Number: _____

Cell Phone Number: _____ E-Mail address: _____

Please use more pages if necessary and attach to this form.

List any organizations you are involved with:

What do you expect to learn in the Citizen's Police Academy?

How did you learn about the Citizen's Police Academy?

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Qualifications:

1. Incomplete applications will NOT be considered.
2. Persons under the age of 21 will not be accepted into the Citizen's Police Academy.
3. A criminal history check will be conducted on each applicant.
 - a. Applicants with questionable criminal records will only be admitted upon written approval from the Chief of Police.
 - b. The release below must be completed by the applicant and returned with the application.
4. Participants are required to conduct themselves in a professional manner at all times.
 - a. Disruptive behavior will not be tolerated. Failure to comply will lead to dismissal.
5. Participants are NOT permitted to carry weapons at any time.

RELEASE OF INFORMATION:

I hereby authorize review of and full disclosure of all records or any part thereof concerning myself by and to any duly authorized agent of the Perrysburg Township Police Department, whether the said records are of public, private or confidential nature.

This release, when presented by the Chief of Police or his designee, constitutes my consent and authority to examine and to receive statement/information regarding my background.

Signature

Date

STATE OF OHIO

COUNTY OF WOOD:

Sworn to and subscribed in my presence this ____ day of _____, 2012

Notary

Commission Expiration