Charles County Sheriff's Office

CITIZENS POLICE ACADEMY

Application Form

APPLICANT INFORMATION

First Name: Middle Name: Last Name: Jr., Sr., Etc.

Date of Birth: Driver's License Number/State: Education Completed ☐ High School ☐ Some College ☐ Associate Degree ☐ Bachelor's Degree ☐ Graduate +

Street Address: Email Address:

City: State: Zip: Home Phone #: Cell Phone#:

Employer / School Name:

Employer / School Address:

Briefly state the reason you have requested to participate in the Citizens Police Academy:

Do you have a friend or relative working in law enforcement? ☐ Yes ☐ No If yes, what is his or her name? _____

What agency does he or she work for? _____

Are you associated with any citizen group? If yes, which one(s)? _____

By completing this application and signing below, I understand that a background investigation will be conducted to complete the application process.

Signature: _____ Date: _____

Once complete, please return this form to:

Charles County Sheriff's Office
6915 Crain Highway
PO Box 189
La Plata, MD 20646
Attn: Community Relations Section Commander

Records Check: approved denied by: _____ ID: _____ Date: _____

Community Services Commander Approval: _____ ID#: _____ Date: _____

Form #97 (07/26)