

HINGHAM POLICE DEPARTMENT

Citizen Police Academy
Application

LAST NAME: _____ FIRST NAME: _____ MI. _____

ADDRESS: _____

NO: STREET TOWN Z1P

TELEPHONE NO: HOME _____ WORK _____

OCCUPATION: _____ EMPLOYER: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

FATHER'S NAME: _____ MOTHER'S MAIDEN NAME: _____

COMMUNITY/CIVIC GROUP AFFILIATIONS (if any): _____

IMPORTANT NOTICE: A criminal records check will be conducted on all applicants for the Citizen's Police Academy. By signing below, you hereby grant the Hingham Police Department authority to conduct a criminal history records check.

Signature: _____ Date: _____

We anticipate that there will be a strong community interest in this program. Please share your thoughts on why you are interested in attending the Citizen's Police Academy and what you hope to learn from it. _____

Completed applications must be returned to: Sgt. Glenn Olsson, Hingham Police Department, Hingham, Ma. 02043. For questions or further information please contact Sgt. Olsson at (781) 749-1212.

Can you fill the commitment to attend all classes for the duration of the instruction of the Citizen Police Academy? _____.

What is the extent of your community involvement? _____.

_____.

Why do you desire to participate in this program? _____

_____.

How will you utilize the information learned? _____

_____.

What is your knowledge of the philosophy of the Hingham Police? _____

_____.

Have you ever had any contact with the Hingham Police or any other police agency? If so, was it negative or positive? _____

_____.

Why do you think you should be selected for this Citizen Police Academy? _____

_____.

How do you think, the community, and the police department may benefit from your selection?

_____.

If you were not selected or available to attend this session, would you be interested in attending the next scheduled Citizen Police Academy? _____.

What do you expect to learn from this experience? _____

_____.