



**PLYMOUTH TOWNSHIP POLICE  
DEPARTMENT**

Citizens' Police Academy  
Application for Participation

Note: Applicants must be at least 18 years of age and a resident of Plymouth Township.  
Incomplete and/or unsigned applications will not be considered.

|  |             |  |
|--|-------------|--|
| Last Name:   | First Name: | Middle Name:                                 |
| Date of Birth:   |             | Social Security Number:                      |
| Address:   |             |  |
| City:  | State:      | Zip:   |
| Home Phone:  | Work Phone: | Cell Phone:                                  |
| Driver's License Number/ State:  |             | Email:                                       |
| How long have you been a resident of Plymouth Township?  |             | Shirt Size: S M L XL XXL<br>XXXL Enter Size: |
| Are you employed by or own a business in Plymouth Township?  |             |  |
| Briefly explain why you wish to be enrolled in the Plymouth Township Citizens' Police Academy:       |             |  |
| Have you ever been arrested, convicted or cited for any offense other than summary traffic offenses? |             |  |
| If yes, explain the nature of the offense:   |             |  |

Please review your answers carefully and read the statement below before signing the application.

**There are a limited number of seats available for the Academy so please forward your application early!**

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and/or answers to the above questions.

I understand that any omission or false statement on this application shall be sufficient grounds for rejection for enrollment or dismissal from the Citizens' Academy.

I acknowledge all of the information contained will be solely for the Citizen's Police Academy and for no other purpose.

I hereby authorize the Plymouth Township Police Department to make an examination of the foregoing information and conduct a thorough background investigation that may include a criminal history check and employment history for the purpose of evaluating my application.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return Completed Application to :      Plymouth Township Police Department  
Attn: Citizens' Police Academy  
700 Belvoir Road  
Plymouth Meeting, PA 19462

|                |                    |       |
|----------------|--------------------|-------|
| Dept Use Only: | Reviewed By:       | Date: |
|                | Approved:          | Date: |
|                | Rejected (reason): |       |