



# East Brunswick Police Department

*"A PARTNERSHIP CREATED THROUGH EDUCATION"*

## CITIZEN POLICE ACADEMY APPLICATION

Applicant must be 18 years of age or older to attend. Applicant must not have any prior felony convictions. A background check will be conducted on each applicant. The information below is required for the background check.

Name: \_\_\_\_\_  
Last First MI

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Employment Information

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

*Citizen Academy Questionnaire*

How did you hear about the Citizen's Police Academy? \_\_\_\_\_  
\_\_\_\_\_

Why do you wish to attend the Citizen's Police Academy? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you personally know any police officers (East Brunswick or elsewhere)? If so, what is your relationship? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you interested in law enforcement as a career? If yes please explain. \_\_\_\_\_  
\_\_\_\_\_

List any community involved activities, associations or organizations in which you participate. \_\_\_\_\_  
\_\_\_\_\_

Have you ever had contact with the East Brunswick Police Department? If so, was your experience positive or negative? \_\_\_\_\_  
\_\_\_\_\_

Is there anything specific that you would like to learn about during your attendance in the Citizen Police Academy? \_\_\_\_\_  
\_\_\_\_\_

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

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statement and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection or dismissal from the East Brunswick Citizen Police Academy. I understand that the information contained herein will remain confidential and will be used to conduct a criminal background check by the East Brunswick Police Department. I understand that participation in the program is not intended to train citizens to be police officers. Rather, the goal and purpose of this program is to educate citizens regarding the purpose, rationale and context of police procedures and public awareness. I acknowledge that in order to successfully complete the program that I must attend a minimum of 6 classes. I acknowledge that I am at least 18 years of age and have not had any prior felony conviction. I understand that photographs of participants may be taken during the program. I further grant permission to the East Brunswick Police Department to use any photographs of me or my likeness, with or without associating names thereto and to publicize said photographs.

The undersigned, has requested the opportunity to participate in the Citizens Police Academy. I the "undersigned" certify I am at least 18 years of age and in consideration of granting said request, the hereby, RELEASE AND FOREVER DISCHARGE the Township of East Brunswick, the agents and employees thereof, FROM ALL CLAIMS AND CAUSES OF ACTION THAT THE UNDERSIGNED MAY HAVE FOR PERSONAL INJURIES, DAMAGES OR LOSSES OF ANY NATURE WHATSOEVER, which may result or occur at any time the undersigned is participating in the functions of the Citizens Police Academy.

The "undersigned" further agrees to obey the lawful directions of any such East Brunswick Police Officer during the course of the "program", and acknowledges that the his/her enrollment in the "program" can be rescinded at any time during the course of the academy, at the sole and absolute discretion of the supervising police officer.

I authorize the East Brunswick Police Department to conduct a criminal records check and other investigatory procedures for the purpose of evaluating this application and also certify that I have read this document and am in complete understanding of its content.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Completed applications should be brought or mailed to:**

**\*\*\*Application must be submitted & received in its entirety no later than March 15, 2019\*\*\***

Applications can be dropped off in person via police headquarters to the attention of: Ptl. Reginald Wright, Administrative Division/Community Policing Unit or mailed to the following address: East Brunswick Police Department, 1 Civic Center Drive, East Brunswick, NJ 08816, Attn: Ptl. Reginald Wright, Administrative Division/Community Policing Unit.