



ROCKLAND POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

NAME (PRINTED): _____
(LAST, FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____ PHONE NUMBER: (____) _____-_____
(MM/DD/YYYY)

EMAIL: _____

ADDRESS: _____

EMERGENCY POINT OF CONTACT: _____

RELATIONSHIP: _____ PHONE NUMBER: (____) _____-_____
(RELATIONSHIP TO YOU)

(YOU MUST SIGN AND DATE BEHIND THE FORM TO BE CONSIDERED A PART OF YOUR APPLICATION.)

(PLEASE PRINT YOUR ADDRESS, RELATIONSHIP, PHONE NUMBER, AND POINT OF CONTACT.)

I AM OVER 18 YEARS OLD, OR AT LEAST 16 WITH THE PERMISSION OF A LEGAL GUARDIAN.

HAVE YOU USED ANY ILLEGAL DRUGS IN THE PAST 9 MONTHS?

(NOT INCLUDING MARIJUANA)

NO YES (EXPLAIN BELOW)

DO YOU HAVE A CRIMINAL RECORD, HAVE YOU EVER BEEN ARRESTED OR CHARGED REGARDLESS OF CONVICTION, ARE YOU SUBJECT TO ANY ACTIVE PROTECTION AND/OR WEAPON RESTRICTION ORDERS, ARE YOU ON BAIL AND/OR PROBATION CONDITIONS?

NO YES (EXPLAIN ON PAGE 2)