



ROCKLAND POLICE DEPARTMENT CITIZEN POLICE ACADEMY APPLICATION

NAME (PRINTED): _____
FIRST, MIDDLE, LAST

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

EMAIL: _____

ADDRESS: _____

EMERGENCY POINT OF CONTACT: _____

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

(NOT REQUIRED) KNOWN MEDICAL DIAGNOSIS YOU THINK WE SHOULD BE AWARE OF FOR YOUR SAFETY:

(DIABETES; FOOD ALLERGY; HEART CONDITION; VISION, HEARING OR PHYSICAL IMPARTMENTS)

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

HAVE YOU USED ANY ILLICIT 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)

PLEASE TELL US WHY YOU ARE INTERESTED IN ATTENDING THE ROCKLAND POLICE CITIZEN POLICE ACADEMY? IF YOU ANSWERED "YES" TO THE LAST TWO QUESTIONS ON PAGE 1, PLEASE ALSO EXPLAIN IN DETAIL.

***NOTE:** Substance use, having a criminal record, having been arrested or charged with a crime, regardless of conviction, and any bail or probation status does NOT automatically exclude you from participation in the Rockland Police Department Citizen Police Academy. All applications will participate in a background process, including but not limited to a local records check, criminal records check and Bureau of Motor Vehicle Records check. This information will be kept confidential and not used outside this application process. Those accepted into the program will be at the sole discretion of the Chief of Police.*

NOTICE: By signing, you are attesting to the truth of the above statements and answers. Under Title 17-A, Section 453, it is a class D crime punishable by up to one year in jail and a \$2,000.00 fine to make a written false Statement, not believing it to be true, if done with the intent to deceive a law enforcement officer in the performance of official duties

Signature: _____ **Date:** _____
(PARTICIPANT)

Signature: _____ **Date:** _____
(LEGAL GUARDIAN IF PARTICIPANT IS UNDER 18)

OFFICIAL USE ONLY

OFFICER RECEIVING (PRINT): _____ **DATE RECEIVED:** _____

APPLICANT ID CONFIRMED IN PERSON; OLN# / STATE: _____