

# Acworth Police Department

## Citizens' Police Academy Session XIX Application for Admission



*"Courage - Obligation - Dedication - Enforcement"*

(Please Print or Type)

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone # Day: \_\_\_\_\_ Night: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Have you ever been arrested for a crime including a traffic offense?  Yes  No

If you answered yes, please explain including dates and disposition:

**\*\*\*Applicants convicted of a felony are ineligible to attend\*\*\***

Are you 18 years of age or older?  Yes  No

Do you have a valid driver's license?  Yes  No

Are you currently a resident of the City of Acworth?  Yes  No

If you answered No to the above question you must be sponsored by an Acworth Citizen's Police Academy Graduate, City of Acworth Business Owner or Acworth Police Officer.

Name of Sponsor: \_\_\_\_\_ Phone Number of Sponsor: \_\_\_\_\_

Have you ever attended the Acworth Citizens' Police Academy before?  Yes  No

If you answered yes to the above question, what year did you attend? \_\_\_\_\_

**Mail, email or fax the completed form to the Acworth Police Department:  
4440 Acworth Industrial Drive  
Acworth, Georgia 30101  
Fax: 678-801-4059 [ymcintosh@acworth.org](mailto:ymcintosh@acworth.org)**

Do you have any special needs that would require accommodations in order for you to participate in this program?     Yes     No    If yes, please explain:

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How did you hear about our Citizens' Police Academy?

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Do you know any employees of the Acworth Police Department?

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Why are you interested in attending the Citizens' Police Academy?

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Your personal information will be kept in strict confidence. It will be used to notify you of a change in schedule or to notify someone should you become injured or ill during the time you are participating in this academy. By signing below you authorize the Acworth Police Department to perform a GCIC /NCIC background check.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

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