



# 2012 Rochester and Somersworth Citizen's Police Academy



## APPLICATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ SS# \_\_\_\_\_

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

Best contact phone number \_\_\_\_\_ Best time to contact \_\_\_\_\_

Email address \_\_\_\_\_

Why do you wish to participate in the Rochester/Somersworth Police Department's  
Citizen Academy?

---

---

---

---

---

---

---

---

---

---

How did you hear about the Academy? \_\_\_\_\_

Have you ever been arrested? Y N (not an automatic disqualifier)

If yes, when, why, where?

---

---

Are you aware there will be a brief background investigation on all eligible  
applicants? Y N

Have you filled out the Release of Information Authorization form? Y N (This  
form is to be mailed along with the application.)