



## MILTON POLICE DEPARTMENT CITIZENS POLICE ACADEMY REGISTRATION FORM

**\*PLEASE NOTE: CPA runs on Thursday evenings from 6-8PM for 7 weeks starting in Mid-September each year. Upon completion of this form, you will receive updates on when the class is to begin for that year and additional paperwork, schedules, etc. via email closer to the start date.**

*(Please complete in blue or black ink pen only)*

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

AGE: \_\_\_\_ SEX: \_\_\_\_ HEIGHT: \_\_\_\_ WEIGHT: \_\_\_\_ HAIR: \_\_\_\_ EYES: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ CITIZENSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED? YES OR NO

IF YES, DESCRIBE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DESCRIBE BRIEFLY WHY YOU ARE INTERESTED IN ATTENDING THE CITIZENS POLICE ACADEMY:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU HEAR ABOUT THE CITIZENS POLICE ACADEMY?

\_\_\_\_\_

EMERGENCY CONTACT



NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

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## ACKNOWLEDGEMENTS:

*I hereby acknowledge that as a participant in the citizens police academy, my primary objective will be to examine, learn, and study the field of law enforcement and community service. I understand that teamwork is a necessity for the success of the program and my own personal growth. I will remain true and honest and will strive to achieve the objectives and ideals of the Program.*

PARTICIPANT INITIALS: \_\_\_\_\_

## CONFIDENTIALITY:

*I hereby acknowledge and understand as a participant in the MPD Citizens Police Academy I may learn or have access to information (verbal, written, or electronic) which is of personal, safety-sensitive, or otherwise confidential in nature. Such information includes, but is not limited to, incident reports, NCIC/GCIC information, computed aided dispatch/RMS information, and other law enforcement or police services related information. As a participant, I agree to maintain the confidentiality of such information and will not divulge it to anyone for any purpose without consent of the Milton Police Department.*

*I further understand and agree that I am prohibited from sharing any of this information for my personal use or benefit, or for any other non-police business related purposes.*

*I understand and agree that my failure to comply with the confidentiality requirement set forth in this agreement is grounds for discipline, up to termination of acceptance and involvement in the Citizens Police Academy. Additionally, other criminal or civil damages may be allowed by law. These restrictions of this agreement should apply during and after termination or completion of this program.*

PARTICIPANT INITIALS: \_\_\_\_\_

By submitting this application, you hereby certify that there are no willful misrepresentations, omissions, or falsifications in the following statements and answers to questions. You understand that any omission or false statements on this application shall be sufficient cause for rejection for enrollment or dismissal from the MPD Citizens Police Academy.



You understand that, if selected for enrollment, you understand that the Milton Police Department will be conducting a background investigation that may include, but not be limited to, a criminal background check that is required before the academy begins.

You also understand that additional information and waivers will be required to participate in specific activities and procedures conducted throughout the program. If these forms are not completed, you will be unable to participate in that specific activity.

Your signature below certifies that you have read and understand these completed pages and agree to the terms and conditions outlined in this document.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Please email completed applications to Officer Pacheco at [logan.bolen@miltonga.gov](mailto:logan.bolen@miltonga.gov)

Or

Drop off/ Mail applications to:

Milton Police Department

Attention: Officer Pacheco

13690 Highway 9 building B

Milton, GA 30004

