



WESTCHESTER COUNTY POLICE DEPARTMENT OF PUBLIC SAFETY

CITIZEN POLICE ACADEMY

Application for Enrollment

Applicants must be 17 years of age to apply. Incomplete and/or unsigned applications will not be considered. **ACCEPTANCE INTO THE PROGRAM REQUIRES ATTENDANCE AT ALL TEN CLASS SESSIONS**

PLEASE PRINT OR TYPE:

Date: _____

Name (Last, First, MI) _____

Home Address: _____

E-Mail Address: _____

Home Phone Number: _____ **Work Phone Number:** _____

Employer: _____

Employer Address: _____

Occupation: _____ **Start Date:** _____

Driver's License#: _____ **Social Security Number:** _____

Date of Birth: _____

Have you ever been arrested for, or convicted of an offense other than a traffic infraction?

_____ **NO** _____ **YES** explain in detail the date, charge, court of record and disposition.

Please review your answers carefully and read the statement below before signing this application.

I hereby certify that there are no willful falsifications, omissions or misrepresentations in the foregoing statements and answers to questions. I understand that any omission or false statement shall be sufficient cause for rejection for enrollment or dismissal from the Westchester County Police Citizen Police Academy.

I understand the information contained in this application is considered a public record and may be released to the media or others upon their request. I also understand that I may be photographed or videotaped during the course of this program. These pictures and/or videotapes may be used for news releases and information promotions.

Some classes require walking and standing as different police facilities will be toured. Please inform us of any considerations or accommodations that you may need under these circumstances.

Signature _____ *Date* _____

PLEASE RETURN COMPLETED APPLICATION TO:

***Westchester County Department of Public Safety
Police Academy
2 Dana Road
Valhalla, NY 10595***

(914) 231-1827