

CITIZEN'S POLICE ACADEMY REGISTRATION FORM

Pre-registration is recommended to ensure the proper number of materials and seats are available.

Last Name _____ First Name _____ MI _____

Social Security Number ____ - ____ - _____

Date of Birth ____ / ____ / ____ Age ____

Street Address _____ State _____ Zip Code _____

Telephone _____

Do you have any previous experience in law enforcement? Yes No

Are you a certified peace officer in the State of Georgia? Yes No

If so, state when and where: _____

Have you ever been a victim of a crime? Yes No

If so, state when and where: _____

Have you ever been arrested or convicted of the following? If yes, give a brief description.

Felony: _____

Misdemeanor: _____

Traffic Ticket: _____

All answers to the above question are confidential.

PLEASE COMPLETE ENTIRE FORM AND MAIL or DELIVER TO:

ALBANY POLICE DEPARTMENT

ATTN: Lt. Bryan LaVoie

201 W. Oglethorpe Blvd

ALBANY, GA 31702

or FAX TO: 229-483-6299

PHONE: 229-483-6265

THIS PROGRAM IS FREE AND OPEN TO THE PUBLIC