

Southern Pines Police Department

Citizen's Police Academy Application

Applicant

Name (Please Print) Last: _____ First: _____ Middle: _____
 Date of Birth: _____ Drivers License # _____ State: _____ SS#: _____
 Address: _____
 Home Telephone #: _____ Cell #: _____ Email: _____
 Have you ever been arrested or charged with a violation of law? Yes No
 Describe: _____

Waiver

I agree to participate in this program sponsored by the Southern Pines Police Department and shall abide by all department rules as a condition of participation. I am aware that the activity may cause accident or injury as a direct or indirect result of participation and I agree to assume all risks involved in participating in the activity. I further agree to release the Southern Pines Police Department and the Town of Southern Pines, its employees, volunteers and agents from any responsibility should an accident happen. I agree to a review of my background including criminal history, if any, as a precondition of participation.

Participant's Signature _____ Date

Note: Please attach photocopy of government issued identification (i.e. driver license, passport, etc).

Complete the Application and the Waiver and return to:
 Community Services Coordinator
 Southern Pines Police Department
 450 W. Pennsylvania Avenue
 P.O. Box 330
 Southern Pines, NC 28388

For Department Use Only

(Describe & Attach Printouts)

Criminal History Check (CCH)	<input type="checkbox"/> No CCH	<input type="checkbox"/> CCH	
Administrative Office of the Courts (AOC)	<input type="checkbox"/> No AOC	<input type="checkbox"/> AOC Record	
OSSI-RMS	<input type="checkbox"/> No RMS	<input type="checkbox"/> RMS	
DMV	<input type="checkbox"/> No DL	<input type="checkbox"/> DL	

Review:

Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Community Services Coordinator	_____ Date
Comments: _____		
Recommend Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Operations Captain	_____ Date
Comments: _____		
Approval: <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ Chief of Police	_____ Date
Comments: _____		