SOUTH GATE POLICE DEPARTMENT CITIZEN ACADEMY PROGRAM

Application Questionnaire

PLEASE PRINT OR TYPE Name Last, First Middle **Address** Number Street City Zip Code E-Mail Address **Cell Phone Home Phone Driver's License Number Date of Birth** How did you learn of the Citizen's Academy Program? Have you been arrested and/or convicted of any crime? When? What Charge? **Any false information provided on this application will cause the applicant's name to be removed from the eligibility list for the Citizen's Academy Program. I have read and agree to comply with the above. **Signature** Date