

SHELBY TOWNSHIP POLICE DEPARTMENT

CITIZENS' POLICE ACADEMY APPLICATION

Applicants must be 18 years of age or older. Preference will be given to applicants who are Shelby Twp residents or business owners. All applicants agree and give their consent for a formal background check as part of this application process. Please complete all information as requested on application.

APRIL SESSION

OCTOBER SESSION

FULL NAME: _____

HOME ADDRESS: _____
Street City Zip

SHELBY TWP RESIDENT

SHELBY TWP BUSINESS OWNER

Business Address

OCCUPATION: _____ DATE OF BIRTH: _____

DRIVER'S LICENSE #: _____

DAYTIME PHONE & EXT: _____

E-MAIL ADDRESS: _____

I hereby give voluntary consent to the Shelby Twp Police Department to conduct a formal background check to determine my eligibility for enrollment in the Citizens' Police Academy. I further understand my application may be rejected for any reason relating to any criminal charge(s) and/or incidents relating to serious traffic offenses.

SIGNATURE OF APPLICANT: _____

DATE: _____

Please mail or fax your completed application to:

Shelby Township Police Department
ATTN: Citizens' Police Academy
52700 Van Dyke, Shelby Twp, MI 48316
Fax: (586) 726-7223

If you are selected to participate in the academy, you will be notified in writing by the police department.