

TOWAMENCIN TOWNSHIP POLICE DEPARTMANT

1090 Troxel Road, Lansdale, PA 19446.



Towamencin Township Police Department Citizen Police Academy

<u>Application for Enrollment</u>

PLEASE NOTE: You must be 18 years of age or older and a Towamencin Township resident to participate in CPA

Name:	Date of B	irth:
Address:	DL #:	State:
City: State: Zip:	Phone:	
Email:	Emergence	ey Contact: (Name & Number)
Have you ever been convicted or cited for a crime If you answered Yes, indicate charges, dates, place		□ No
Please briefly explain why you want to participate		
Are you able to attend all scheduled CPA sessions If no, which dates?	s?	□ No
Please Read and Sign: I understand that prior to accer conviction may not automatically disqualify an applic falsifications will be sufficient cause for rejection. The any investigation of my personal history necessary p Academy.	eptance, applicants will be screant. The facts set forth in my of Towamencin Township Police for consideration of entry to	eened for prior criminal offenses. A prior application are true and correct and any Department is hereby authorized to make
Applicant Signature:	Date:	
Police Administration Use Only	Reviewed by: Approve/Deny:	Date: Date: