

Amherst Police Department CITIZEN POLICE ACADEMY APPLICATION

Put on the Badge

Name:		Date:
Street Address:		
		Zip Code:
Telephone: Home:	Work:	Cell:
email Address:		
Place of Birth:		
Employer/School:		
		Years Worked:
Occupation:		
REFERENCES:		REFERENCES:
Name:		Name:
Full Address:		Full Address:
Home Phone:		Home Phone:
Cell Phone:		Cell Phone:
Years Known:	_	Years Known:
Have you ever been convicted of a crim	ne? NO	YES (if yes, please explain)
In case of emergency, notify: Name: _		
Phone:		Relationship:
How did you hear of the Citizen Police	Academy:	Return Application To:

Amherst Police Department Intelligence Unit % Citizen Police Academy 500 John James Audubon Parkway Amherst, NY 14228

TOA Website

Or email to info@apdny.org