

Citizens' Police Academy

Application

Prince George's County
Police Department
Training Education Division



Full Name: _____
(First Middle Last)

Email Address: _____ Occupation: _____

Home Address: _____
(Street/Box #)

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Age: _____

Race/Sex: _____ M F Date of Birth: _____

Driver's License: _____
Soundex and State

PERSONAL HISTORY INFORMATION

(include any civic organizations/volunteer work)

In consideration of my application to attend the Citizen's Police Academy, I give the Prince George's County Police Department permission to check my personal background and references, and to conduct other background checks as necessary. The context of this background check is for the sole purpose of determining my eligibility to attend the Prince George's County Citizens' Police Academy. THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant: _____ Date: _____

Approving Commander Signature: _____ Date: _____

Upon completion of the form, Please submit it via email to pgpd_citizensacademy@co.pg.md.us
or deliver it in person to your nearest police station.