



**Euharlee Police Department**  
**Citizen Police Academy Application for Admission**

**Spring 2023**

(Please Print or Type)

Name: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Race: \_\_\_\_ Sex: \_\_\_\_

Email Address: \_\_\_\_\_ Telephone # Day: \_\_\_\_\_ Night: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Have you ever been arrested for a crime including a traffic offense?  Yes  No

If you answered yes, please explain including dates and disposition:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*Applicants convicted of a felony are ineligible to attend\*\*\***

Are you 18 years of age or older?  Yes  No

Do you have a valid driver's license?  Yes  No

Are you currently a resident of the City of Euharlee?  Yes  No

If you answered "No" to the above question, you must be sponsored by a City of Euharlee Elected Official, City of Euharlee Business Owner, or a Euharlee Police Officer.

Name of Sponsor: \_\_\_\_\_ Phone Number of Sponsor: \_\_\_\_\_



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Have you ever attended the Euharlee Citizen's Police Academy, or any other Citizen's Police Academy before?  Yes  No

If you answered yes to the above question, where and what year did you attend? \_\_\_\_\_

Do you have any special needs that would require accommodations in order for you to participate in this program?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about our Citizen's Police Academy? \_\_\_\_\_

\_\_\_\_\_

Do you know any employees of the Euharlee Police Department? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in attending the Citizen's Police Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your personal information will be kept in strict confidence. It will be used to notify you of a change in schedule or to notify someone should you become injured or ill during the time you are participating in this academy. By signing below you authorize the Euharlee Police Department to perform a GCIC /NCIC background check.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Mail, email or fax the completed form to the Euharlee Police Department:*

*30 Burge's Mill Rd. Euharlee, Ga. 30145*

*Fax: 770-386-7340*

[krowland@euharlee.com](mailto:krowland@euharlee.com)