

**Abington Township Police Department  
2017 Citizens' Police Academy  
Application for Participation**

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*Note: Applicants must be at least 18 years of age. Incomplete and/or unsigned applications will not be considered.*

*Please print or type.*

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**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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**Street Address:** \_\_\_\_\_

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**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

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**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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**Are you a resident of Abington Township?** \_\_\_\_\_ **How long?** \_\_\_\_\_

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**Are you employed/ student in Abington Township?** \_\_\_\_\_

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**Please explain briefly why you wish to be enrolled in the Abington Township Citizen Police Academy?**

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**Have you ever been arrested, convicted of, or cited for an offense other than traffic?**

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**How did you learn about the Citizen's Police Academy?**

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*"I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statement on this application shall be sufficient cause for rejection for enrollment or dismissal from the Abington Township Police Department's Citizen's Police Academy."*

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**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**RETURN COMPLETED APPLICATION TO:** Abington Twp. Police Dept.  
1166 Old York Rd.,  
Abington, Pa. 19001  
Attn: Officer Roger Gillispie

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**CPA STAFF USE ONLY: Reviewed By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Approved:** \_\_\_\_\_

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