



**Abington Township Police Department
2019 Citizens' Police Academy
Application for Participation**

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

Please print or type.

Last Name: _____ **First Name:** _____ **Date of Birth:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone: _____ **Email:** _____

Are you a resident of Abington Township? _____ **How long?** _____

Are you employed/ student in Abington Township? _____

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

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

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

"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."

Applicant's signature: _____ **Date:** _____

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

CPA STAFF USE ONLY: Reviewed By: _____ **Date:** _____

Approved: _____