

# WEST POINT POLICE DEPARTMENT

Citizens Police Academy - Session III

Application for Admission



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(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:

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**\*\*\*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 West Point?  Yes  No

Mail, email or fax the completed form to the West Point Police Department:  
206 West 9<sup>th</sup> Street West Point, Georgia 31833  
Fax: 706-643-3299  
mmeadows@cityofwestpointga.com

If you answered **No** to the above question you must be sponsored by a West Point Citizen's Police Academy Graduate, City of West Point Business Owner or West Point Police Officer.

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

Have you ever attended the West Point Citizen's Police Academy before?  Yes  No

If you answered yes to the above question, 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 West Point 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 West Point Police Department to perform a GCIC /NCIC background check.

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

\_\_\_\_\_  
Date

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