

FRANCONIA TOWNSHIP POLICE
CITIZENS POLICE ACADEMY

Application deadline is January 14, 2019. Please complete (PRINT) this application in blue or black ink.

Personal Information

Last Name: _____

First Name: _____

Middle Initial: _____ Date of Birth: _____

Driver's License # and State: _____ Social Security #: _____

Residence Information

Street Address: _____

City/State/Zip: _____

Home Telephone #: _____ Cell Phone #: _____

Email Address: _____

Work Information

Occupation: _____

Employer: _____

Employer's Address: _____

City/State/Zip: _____

Employer's Telephone #: _____

Briefly explain what you wish to gain by attending the Franconia Township Police Department Citizens' Police Academy: _____

Applicants must be at least 18 years of age and live or work in the Indian Valley.

This is a "hands on" 8-week program designed to bridge the community and the Police Department. Students gain valuable insight into how their police department works and provides services to the

community that empowers it. The Franconia Township Police Department Citizens' Police Academy educates its students about various aspects of police ranging from operations to policies and procedures.

Classes include: Patrol (practical traffic stops & police scenarios), Detective (Investigations), K-9 Demo, narcotics, District & County court proceedings, DUI and much more.

Authorization for background check:

A criminal history check will be conducted on each applicant. The Franconia Township Police Department reserves the right to deny entry into its Citizens' Police Academy.

Have you ever been arrested? YES NO

Have you ever been convicted of a crime? YES NO

I authorize personnel from the Franconia Township Police Department to perform a criminal history check on me.

Print Name: _____

Signature: _____ Date: _____

In consideration of the permission given to me to participate in the Citizen's Police Academy by the Franconia Township Police Department, I, _____, assume all risk, personal injury, death, property damage or loss from whatever causes in connection with my participation in the Academy. I will hold harmless the Township and anyone for whose acts the Township may be liable, from all damages, claims, losses, demands, suits, judgments, costs, including reasonable attorneys' fees and expenses arising out of or resulting from my participation in the Academy. I fully understand and acknowledge that the work of the Department is inherently dangerous.

My undertakings and waivers in the Release from Liability are in consideration of being allowed to participate in the Academy.

Signed, this _____ day of _____, _____.

Signature

Submit application:

**Franconia Township Police Department
Attn: Citizens Police Academy
671 Allentown Road
Telford, PA 18969**