



# Marion Police Department

270 South Main Street  
Marion, North Carolina 28752  
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Allen Lawrence, Chief of Police

## Citizens Police Academy Application

**March 2<sup>nd</sup> - April 20<sup>th</sup> 2023**

Applicants are subject to a background investigation.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

Employer and Phone #: \_\_\_\_\_

Have you ever been convicted of a crime? Yes / No

If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Have you or any member of your family served in law enforcement? Yes / No

Why do you want to participate in the Citizens' Police Academy? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from your experience with the Citizens' Police Academy?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you willing to commit one night per week for eight weeks to complete the program?

Yes / No

Every effort will be made to maintain safety of all Citizens' Police Academy participants. Are you willing to sign a waiver releasing the City of Marion and its employees from liability resulting from any injuries you may obtain while participating in the Citizens' Police Academy?

Yes / No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_ Please List Any Food Allergies: \_\_\_\_\_

**“Policing is a Partnership”**