



Marion Police Department

270 South Main Street
Marion, North Carolina 28752
(828) 652-5205 • Fax (828) 652-2977



Allen Lawrence, Chief of Police

Citizens Police Academy Application

March 5th thru April 23rd

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”