



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 1st – April 19th

Applicants are subject to a background investigation.

Full Name: _____

Address: _____

City: _____

Zip: _____

Home #: _____

Email: _____

Date of Birth: _____

Drivers License #: _____

Employer: _____

Employer #: _____

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

If so, explain: _____

Have you or any member of your family ever 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 the 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: _____

Witness Signature: _____

Date: _____

“Policing is a Partnership”

