

SOUTH BEND POLICE
CITIZEN'S POLICE ACADEMY
REGISTRATION INFORMATION

DATE: _____

NAME: _____ MAIDEN: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE: _____

WORK PLACE: _____

WORK TELEPHONE: _____ CELL PHONE# _____

E-MAIL (If Available) _____

DRIVER LICENSE NO. _____

DATE OF BIRTH: _____ SS# _____

Have you ever been arrested or convicted of a criminal offense? Yes ____ No ____
(If Yes, please give date occurred, brief description, and police agency involved.)

Does applicant understand that to graduate, ten out of the thirteen classes must be attended?
Yes ____ No ____

Applicant Signature: _____ Date: _____

**RETURN TO THE SOUTH BEND POLICE DEPARTMENT FRONT DESK AREA:
ATTN: LT. RICHARD POWERS 235-9402 or CPL. AARON CASSEL 235-9401**

Administrative Use Only

RC CHC AL TC SA PID