Citizens Police Academy Application for Enrollment

Name:					
ast: First:			Middle		
Address:					
City:	State:	Zip:			
Telephone:					
Home: ()	Cell:	()			
Name of Emergency Contac	t:		Pho	one: ()	
Have you ever been convict	ed of a felony or	any other	crime that wou	ld prohibit you	from possessing a
firearm?		Yes	No		
Do you have a valid driver's license?		Yes	No		
Briefly describe your reasor	for attending th	e Citizens	Police Academy	:	
Shirt Size: Small () Me	dium () Larg	ge ()	X Large ()	XX Large ()	Other ()

Please mail or drop off application to Asst. Chief Donnie Hensley at the Forest City Police
Department at 187 South Church Street, Forest City NC 28043.