



MYRTLE BEACH POLICE DEPARTMENT

CITIZEN'S POLICE ACADEMY APPLICATION

Name _____ Date of Birth _____ Sex _____ Race: _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Business Phone _____ Soc. Sec. # _____

Driver's License State _____ Driver's License Number _____

Occupation _____ Employer _____

Name of Next of Kin _____ Relationship _____ Phone # _____

Address _____ City _____ State _____ Zip Code _____

EDUCATION

High School _____ City _____ State _____

College _____ City _____ State _____

Degree _____

Special Expertise _____

QUESTIONNAIRE

1. **Have you ever been arrested for any offense other than a traffic violation?**

Y ____ N ____ **If yes, what for? When ? Where?** _____

2. **WHAT EXPERIENCE HAVE YOU HAD WITH LAW ENFORCEMENT? (BRIEFLY EXPLAIN)**

3. **WHAT IS THE EXTENT OF YOUR COMMUNITY INVOLVEMENT?** _____

4. **WHY DO YOU DESIRE TO PARTICIPATE IN THIS PROGRAM?** _____

5. **HOW DO YOU THINK THE COMMUNITY, AND THE POLICE DEPARTMENT MAY BENEFIT FROM YOUR PARTICIPATION IN THE PROGRAM?** _____

6. **WHAT DO YOU EXPECT TO LEARN FROM THIS EXPERIENCE?** _____

LIABILITY WAIVER:

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. YOU ARE AUTHORIZED TO MAKE ANY INVESTIGATION OF MY PERSONAL HISTORY DEEMED NECESSARY FOR CONSIDERTATION TO ATTEND THE CITIZEN'S POLICE ACADEMY.

SIGNATURE _____ DATE _____