



# Danvers Police Citizens' Academy

## Application for Enrollment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Community Group Affiliation (if any): \_\_\_\_\_

Why do you wish to attend the Citizen's Police Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Citizen's Police Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I authorize the Danvers Police Department to conduct a background check to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen's Police Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail completed form to:

Sgt. Olivia Silva  
Community Services  
120 Ash Street  
Danvers, MA 01923

For questions, please call (978) 774-1213 ext.134 or fax application to 978-762-0258 or e-mail: [osilva@danversma.gov](mailto:osilva@danversma.gov)