



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@mail.danvers-ma.org.