



Simsbury Police Department

933 Hopmeadow Street

P.O. Box 495

Simsbury, CT 06070

Peter N. Ingvertsen
Chief

Matthew Catania
Captain

CITIZENS' POLICE ACADEMY

ENROLLMENT APPLICATION FORM

NAME: _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

HOME PHONE: _____

WORK PHONE: _____

EMPLOYER: _____

OCCUPATION: _____

BUSINESS ADDRESS: _____

Please explain why you wish to enroll in the Simsbury Citizens' Police Academy: _____

How did you hear about the Simsbury Citizens' Police Academy: _____

Please list any medical concerns that would prohibit you from participating in MINOR physical contact during the "HANDS ON" portion of this program: _____

Organization(s) with which you are involved and any awards or recognition you have received:

Have you ever been arrested/convicted of a crime? If so, explain: _____

NOTE: THE DETERMINATION OF MEDICAL RESTRICTION THAT MAY AFFECT PARTICIPATION IS YOUR RESPONSIBILITY. YOU ARE STRONGLY ADVISED TO SEEK COMPETENT MEDICAL ADVICE ABOUT ANY CONDITION, WHICH MAY CAUSE YOU PROBLEMS. YOUR SIGNATURE ON THIS APPLICATION RELEASES THE SIMSBURY POLICE DEPARTMENT FROM ANY LIABILITY CONCERNING YOUR MEDICAL CONDITION.

SIGNATURE: _____

DATE: _____

Please return by, January 25

Headquarters (860) 658-3100
Community Services Unit (860) 658-3131

Facsimile (860) 658-6682