



Duke University Police Department - Citizens Police Academy 10



Applicant Information

Name (Last Name)		(First)	(Middle / Maiden)			
Date of Birth	Polo Unisex Shirt Size (S)		(M)	(L)	(XL)	(XXL)
Current Address						
City			State / Zip Code			
Telephone #			Cell #			
What do you hope to learn from attending the academy?						

Employment Information

Current Employer (Department):	
Employer Address:	
Phone #	Your Email Address:

Emergency Contact Information

Name	
Address:	Phone #
City:	State / Zip Code
Relationship:	

How did you learn about the academy?

Criminal History

Have you ever been charged and convicted of a crime? Yes ___ No ___
 Have you ever been charged and convicted of a traffic offense? Yes ___ No ___

Driver's license # State Issued

Have you ever participated in a citizen's police academy? Yes ___ No ___
 If so, the agency and year you attended.

Medical Information

Are there any medical issues that may be of concern? Yes ___ No ___
 If so, please elaborate.

Physician's Name: Telephone #

Unless specified, Duke Hospital North will be the primary medical facility used for treatment.

Duke Hospital North ___ Duke Regional ___ UNC Hospital ___

Signature

I certify that the information in this application is true and complete to the best of my knowledge. I also grant permission for the Duke University Police Dept. to verify the above information contained in this application and check for prior criminal history.

Signature of applicant: Date:

Contact Person: Eric Hester (919) 681-5609 eric.hester@duke.edu	Email:	Send completed application to: eric.hester@duke.edu Academy begins: Sept. 13 -Oct. 26 / Graduation Nov. 3, 2017
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