



Scituate Police Department

116 MAIN STREET
HOPE, RHODE ISLAND 02831



COLONEL WILLIAM F. MACK
Chief of Police

TEL: (401) 821-5900
FAX: (401) 823-7140

CITIZENS' POLICE ACADEMY APPLICATION

PLEASE PRINT or TYPE
(Must be at least 18 years of age)

NAME (Last, First, Middle Initial) _____ Date of Birth _____ Age _____

Street Address _____ T-Shirt Size _____

City _____ State _____ Zip Code _____

Home Phone _____ Work / School Phone _____ Driver's License Number / State _____

Occupation _____ Place of Employment / School _____

Street Address (Employment / School) _____

City _____ State _____ Zip Code _____

Have you ever been convicted of a crime? (*Circle Answer*) YES NO

If YES, explain where, when and case disposition _____

By signing below, I authorize the Scituate Police Department to conduct a criminal background check, including records of local, state, and federal law enforcement agencies to be used solely for the purpose of admittance to the Scituate Citizens' Police Academy.

Signature _____

Date _____