Germantown Police Department

Citizens' Academy

- Application -

Personal Information

Name:
(As shown on Driver's License)

First Name   MI   Last Name

Date of Birth: _____ _____ _____   **Phone #** _____

Month   Day   Year

Email: _____   **Shirt Size:** _____

Address: _____ _____ _____ _____

Street   City   State   Zip Code

Driver's License # _____ _____ _____

State   Expiration

Place of Employment: _____   **Phone #** _____

Title: _____   **City:** _____

Do you have any food allergies? Yes _____ No _____ **If yes, please list below:**

Medical conditions we should know about? Yes _____ No _____ **If yes, please list below:**

Emergency Contact: _____   **Phone #** _____

Name

Applicant Signature _____   **Date:** _____