# Opelika Police Department
# Citizens Police Academy
# Application

**NAME:**_____
Last First Middle Jr/Sr

**ADDRESS:**_____

_____ _____ _____
City State Zip

**DATE OF BIRTH:**_____
Month Day Year

**SOCIAL SECURITY NUMBER:**_____

**HOME PHONE:**_____ **CELL PHONE**_____

**WORK PHONE:**_____

**OCCUPATION:**_____

**DRIVERS LICENSE NUMBER:**_____
Number State

**HAVE YOU EVER BEEN CONVICTED OF A FELONY?**_____

**DO YOU REQUIRE REASONABLE ACCOMMODATIONS PER THE A.D.A.?**_____

**The Opelika Police Department's Citizens Police Academy is a ten-week program. We will meet each Thursday night from 6:00 PM until 9:00 PM. Are you able to meet this time commitment? NOTE: You must be present for at least seven of the classes in order to graduate.**

**Why do you wish to take part in the Citizens Police Academy?** _____

_____

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_____

*****What is your Polo Shirt size?** _____

**Please submit to:**
**Sergeant Bobby Kilgore**
**P. O. Box 2485**
**Opelika AL 36803-2485**

**If you have any questions please call:**
**Sergeant Bobby Kilgore**
**334-705-5258**

**You may also FAX this to: 334-749-4831 marked Attention Sergeant Bobby Kilgore**