



TOWN OF GREAT BARRINGTON
MASSACHUSETTS

POLICE DEPARTMENT

Citizen Police Academy Application/Waiver

(Please Print)

NAME: _____

ADDRESS:

HOME TELEPHONE: _____

How Long Have You Lived At This Address _____

Previous Address (if less than 5 years):

Date of Birth: _____ Age: _____

Occupation: _____

Have you ever been convicted of a felony? _____

Have you ever been personally involved in domestic violence incident? _____

Will you be able to attend all eight sessions? _____

Do you have any physical restrictions or health concerns or special needs?

If yes, please state what:

All applicants must be residents of Berkshire County and at least 18 years of age. I understand that this training will not authorize me to carry a firearm or non-lethal weapon, nor will it allow me to exercise police powers if I am allowed to participate and graduate this Academy. I also authorize the Great Barrington Police Department to run a criminal background check for the purpose of enrollment.

Signature _____ Date _____