## Citizens Police Academy Application for Enrollment

Name:								
Last:	First	:		Mic	ddle:			
Address:								
City:								
Telephone:								
Home: ( )	c	ell: (	)					
Name of Emergency Con	tact:			Pho	one: (	)		
Have you ever been conv	ricted of a felony	or any	other o	rime that woul	d prohib	it you fr	om possessii	ng a
firearm?			Yes	No				
Do you have a valid drive	r's license?		Yes	No				
Briefly describe your reas	on for attendin	g the Ci	tizens P	olice Academy	:			
Shirt Size: Small ( )	Medium ( )	Large ()	)	X Large ( )	XX Lar	ge ( )	Other ( )	

• Please mail or drop off Application to Capt. Chris Lovelace at the Forest City Police Department at 187 South Church Street, Forest City NC 28043.