

# SHELBY TOWNSHIP POLICE DEPARTMENT

## CITIZENS' POLICE ACADEMY APPLICATION

Applicants must be 18 years of age or older. Preference will be given to applicants who are Shelby Twp residents or business owners. All applicants agree and give their consent for a formal background check as part of this application process. Please complete all information as requested on application.

SPRING SESSION

FALL SESSION

FULL NAME: \_\_\_\_\_

**As it appears on  
Drivers License**

First

Middle

Last

HOME ADDRESS: \_\_\_\_\_

Street

City

Zip

SHELBY TWP RESIDENT

SHELBY TWP BUSINESS OWNER

\_\_\_\_\_  
Business Address

OCCUPATION: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_

DAYTIME PHONE & EXT: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**I hereby give voluntary consent to the Shelby Twp Police Department to conduct a formal background check to determine my eligibility for enrollment in the Citizens' Police Academy. I further understand my application may be rejected for any reason relating to any criminal charge(s) and/or incidents relating to serious traffic offenses.**

SIGNATURE OF APPLICANT: \_\_\_\_\_

DATE: \_\_\_\_\_

Please mail or fax your completed application to:

Shelby Township Police Department  
ATTN: Citizens' Police Academy  
52530 Van Dyke, Shelby Twp, MI 48316  
Fax: (586) 726-7223

If you are selected to participate in the academy, you will be notified in writing by the police department.