# RADNOR TOWNSHIP POLICE DEPARTMENT
## 301 IVEN AVENUE
## WAYNE, PA 19087
### PHONE: 610-688-0503 * FAX: 610-688-1238

## CITIZENS POLICE ACADEMY APPLICATION

Please fill out the requested information below.  The Radnor Township Police Department reserves the right to deny entry to the academy based on the findings of a background check.   You must be 18 years of age to apply.

Name: _____ Date of Birth: _____

Home Address: _____

Business Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____ Occupation: _____

_____ Email

Address: _____

Sex:     M  /  F        Driver's License Number and State: _____

Organizations you participate in (Civic Groups, Scouts, etc…).  Also, provide any civic awards you may have received:

_____

_____

_____

Why do you wish to participate in the Citizens Police Academy?

_____

_____

_____

How did you hear about the Citizens Police Academy?

_____

_____

_____

Have you ever been arrested and/or convicted of a crime?  If so, explain. (A brief criminal record check will be completed).

_____

_____

_____

**I understand that prior to acceptance; applicants will be investigated for prior criminal offenses.  A prior conviction will not automatically disqualify an applicant.  The facts set forth in my application are true and correct.  The Radnor Township Police Department is hereby authorized to make any investigation of my personal history deemed necessary for consideration of entry to the Citizens Police Academy.**

| | |
|---|---|
| **Applicant Signature** | **Date** |

**Return completed application IN PERSON to:**

**RADNOR TOWNSHIP POLICE DEPARTMENT**
**ATTN: LT. CHRISTOPHER FLANAGAN**
**301 IVEN AVENUE**
**WAYNE, PA 19087**
**610-688-5606 ext. 108**

### FOR DEPARTMENT USE

| | | | |
|---|---|---|---|
| **Application Received:** | **Applicant Approved:** | YES | NO |
| **Background Completed:** | **Applicant Contacted:** | | |