

Smyrna Citizens' Police Academy

Application for Enrollment

Please Print:

Name: _____ Date: _____

Address: _____

City / Zip: _____ Date of Birth: _____

E-Mail Address: _____

Driver's License #: _____ State: _____

SS# : _____

Home Phone #: _____ Work Phone#: _____

Occupation: _____

Community Group Affiliation (if any): _____

Why do you wish to attend the Citizen Police Academy?

How did you hear about the Citizen Police Academy?

I authorize the Smyrna Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen Police Academy.

Signature: _____ Date: _____

Please mail completed form to:

Smyrna Police Department
Citizens' Police Academy
400 Enon Springs Rd. E.
Smyrna, Tennessee 37167
Attn: Sgt. Bobby Gibson

Questions call 615.459.9742 x2536

Or E-mail: bobby.gibson@townofsmyrna.org