



Seguin Police Department Citizen's Police Academy Application

Name: _____ Age: _____
Last First MI

Address: _____ City: _____

Home Phone: _____ Work Phone: _____

Email address: _____

Date of Birth: _____ Driver's License: _____
Number State

Place of Employment: _____

References

1. _____
Name Address Phone Number
2. _____
Name Address Phone Number
3. _____
Name Address Phone Number

Why do you want to attend the Citizen's Police Academy?

What topics would you like to have covered during the academy?
