

Anne Arundel County Police Department
Citizens Police Academy Application

Date of Application: _____

Last Name: _____

Sex: _____

Age: _____

First Name: _____

Ethnicity: _____

Middle Initial: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Country: _____

Education: _____

Phone number: _____

Email address: _____

T-shirt size: Small _____ Medium _____ Large _____ X-Large _____ XX-Large _____

Emergency Contact: _____

Emergency Contact Phone number: _____

Employer: _____

Occupation: _____

Why do you want to be involved in the Citizens Police Academy? (500 words or less)

How did you hear about the Citizens Police Academy?

Please save this document as a PDF and either:

Email to: P91704@aacounty.org

Fax to: 410-222-0052

Or mail to:

Cpl. Dominic Scali
Community Relations
8495 Veterans Hwy.
Millersville, MD 21108

If you have any questions, please do not hesitate to email or call: 410-222-3054
Thank you for your interest in our Citizens Police Academy!