

Print Form

Current Date  Anne Arundel County Police Department's  
Citizens Police Academy Application

Last Name   
First Name  Sex:  Age:   
Initial  Ethnicity:

Address   
City  State  Zip Code

Country  Education:

Phone Number   email

What is your T-shirt size:  Small    
 Medium   
 Large    
 Extra Large   
 XX Large

Emergency Contact:

Emergency Contact Phone #:

Employer:

Occupation:

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

How did you hear about the CPA?

Please save as a PDF and either:  
email to: P91006@aacounty.org  
Fax to: 410-222-2446  
Or mail to:  
Pfc. Jim Shiloh #1006  
Community Relations  
8495 Veterans Hwy.  
Millersville Maryland 21108

If you have any questions, please do not hesitate to email or call: 410-222-0042.  
Thank you for your interest in our Citizens Police Academy!

**ANNE ARUNDEL COUNTY POLICE DEPARTMENT  
CRIME PREVENTION UNIT  
MILLERSVILLE, MARYLAND  
REQUEST FOR RECORDS CHECK**

To: Central Records / Criminal History

Please check the following individual through our in-house files, NCIC, and MILES for a criminal record, or report as a victim, witness, suspect, or complainant, and forward any such record / reports found to Cpl. James Shiloh in the Crime Prevention Unit.

Date of request: \_\_\_\_\_ Purpose: Citizens Police Academy  
Investigator: Cpl. Shiloh ID#: 1006

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Last Name	First Name	Full Middle Name
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Maiden name/ Aliases / Other names used

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Address / Zip Code	Dates Resided
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Previous address	Dates Resided
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Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Status: \_\_\_\_\_

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Hgt: \_\_\_\_\_ Wgt: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ DOB: \_\_\_\_\_

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Home: \_\_\_\_\_ Work: \_\_\_\_\_

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Telephone numbers	Birthplace
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SSN	Driver's License Number / State
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Scars / Marks / Tattoo's etc.

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Employer's Name / Address	Occupation
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Photographed:	Yes	No	Fingerprinted:	Yes	No
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