CITIZENS' POLICE ACADEMY

NOMINATION FORM

Return Form to: Citizens' Academy Coordinator 410-887-5901
Youth & Community Resources Section
700 E. Joppa Road, Towson, MD 21286
citizensacademy@baltimorecountymd.gov

Nominee: _____ _____ _____ _____
Last Name | Suffix | First Name | Middle Name

Address: _____ _____ _____ _____
Street Address | City | State | ZIP Code

_____ _____ _____ _____
Date of Birth | Sex | Race | Precinct of Residence

Driver's License #: _____

Daytime Phone Number: _____ Evening Phone Number: _____

Cell Phone Number: _____ Email address: _____

Name and phone number of person to be notified in case of emergency:

Name: _____ Phone: _____

Nomination based upon (in PCRC, COP, business leader, etc.): _____

Nominated by: _____

Why I would like to attend the Citizens' Academy:

Signature: _____ **Date of Application**: _____

Do Not Write Below This Line

Background Check: ❑ **Satisfactory** ❑ **Unsatisfactory**

Background Investigator: _____ _____
Print Name/ID# **Signature**