



Madison Police Department
Senior Citizen police academy
application

NAME (PLEASE PRINT): _____

STREET ADDRESS: _____

TOWN: _____ STATE: _____ ZIP: _____

PHONE :(_____) _____ CELL: (_____) _____

EMAIL: _____

DATE OF BIRTH: _____ DRIVER'S LICENSE STATE & NUMBER: _____

IN CASE OF EMERGENCY CONTACT:

NAME: _____ PHONE: (_____) _____ RELATIONSHIP _____

OR

NAME: _____ PHONE: (_____) _____ RELATIONSHIP _____

HOW DID YOU HEAR ABOUT THE SENIOR CITIZEN POLICE ACADEMY? : _____

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IF RECOMMENDED, BY WHOM? : _____

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LIST ANY ORGANIZATIONS, CIVIC GROUPS, ASSOCIATIONS, OR CLUBS THAT YOU BELONG TO:

Please return completed application to:

Christie Hodge, Madison Police Department, 9 Campus drive or fax to: (203)
245-7791