

Great Barrington Police Department
Citizen Police Academy



APPLICATION FORM

NAME: _____

ADDRESS: _____

EMAIL: _____

DATE OF BIRTH: _____ **SOCIAL SECURITY #:** _____

HOME PHONE: _____ **CELL PHONE:** _____

PLACE OF EMPLOYMENT: _____

OCCUPATION: _____

HAVE YOU EVER BEEN ARRESTED? YES NO

IF YOU HAVE BEEN ARRESTED, PLEASE INDICATE WHAT YOU WERE
ARRESTED FOR AND WHERE: _____

HOW DID YOU HEAR ABOUT THE CITIZEN POLICE ACADEMY?

I hereby acknowledge that I have completed the above information fully and accurately.
I give my permission to the Great Barrington Police Department to conduct a background
investigation to determine my suitability for admission to this program.

Signature: _____ Date: _____

Complete and Return to: Sergeant Adam Carlotto
Great Barrington Police Department
465 Main St.
Great Barrington, MA 01230

For more information regarding this program, please contact Sergeant Adam Carlotto at
528-0306.