



TOWN OF PLYMOUTH  
POLICE DEPARTMENT  
**Citizens Police Academy**

Application for Enrollment

Form CPA-1

Must be at least 21 years old

Mail or bring this form to the Plymouth Police Department at 20 Long Pond Rd., Plymouth, MA 02360

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Shirt size S M L XL XXL

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Employer Business Name: \_\_\_\_\_

Business Telephone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Emergency Contact Name and Telephone #: \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Have you ever been convicted of any criminal offense, or are you currently on probation or parole? (A background check may be conducted on all applicants. Any intentional misrepresentation will be grounds for immediate dismissal.)

Explain fully: \_\_\_\_\_  
\_\_\_\_\_

**Waiver**

I, \_\_\_\_\_, hereby acknowledge that I have completed the above information fully and accurately. I understand and give permission for the Plymouth Police Department to conduct a background investigation to determine my suitability for admission to this program. Further, in consideration of the opportunity to participate in the Plymouth Police Department Citizens Police Academy, including the opportunity to ride with a police officer while on patrol, I do hereby release the Plymouth Police Department, the Town of Plymouth, and any employees, agents, officials or representatives of the Plymouth Police Department and the Town of Plymouth of any and all liability for any and all claims which I may have as a result of my participation in the Citizens Police Academy and all activities related thereto; I further acknowledge that participation in the program may expose me or my property to risks or happenings encountered by police officers in the Town of Plymouth while in the performance of their duties. I therefore enter into this program assuming all risk of injury to my person or property arising from my participation in the program, and in this regard assume and agree to pay all medical costs or property damage costs occasioned thereby, releasing the Town of Plymouth, the Plymouth Police Department and its employees from and against all claims, damages, injuries or causes of action which I, my heirs, executors or administrators may have herein.

In witness whereof, I have hereunto set my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signed: \_\_\_\_\_

Printed name of witness: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

For Police Department Use Only Accepted [\_\_\_\_] Class # [\_\_\_\_] Denied [\_\_\_\_]