

Reidsville Police Department
Citizens Police Academy Application

Name: _____ Date: _____

Address: _____

City/Zip: _____ Date of Birth: _____

Sex: Male: _____ Female: _____ Race: _____ City of Reidsville Employee: Yes _____ No _____

Do you reside or work in unincorporated Rockingham County: Yes _____ No _____

E-mail Address: _____ SSN: _____

Driver's License No.: _____ State: _____

Primary Phone: _____ Secondary Phone: _____

Occupation: _____

Emergency Contact Name and Contact Number: _____

Community Group Affiliation (if any): _____

Can you commit to attending the entire 10 weeks program? Yes _____ No _____

Signature: _____ Date: _____

All applicants must submit to a background check of their criminal history. The authorization to conduct the background check must accompany this application. Applications may be denied based on a review of the criminal history. Please submit the completed Authorization for Video/Photography, Waiver and Release, Police Automobile Passenger Liability Waiver, and Authorization for Criminal History Check form with this application. The original form with Notary stamp must be submitted when required.

Please mail completed form to: Major Ronnie Ellison
Citizen's Police Academy
220 West Morehead Street
Reidsville, NC 27320

Questions call (336) 347-2312 or fax application to: (336) 349-1028
Or e-mail: rellison@ci.reidsville.nc.us