

# Smyrna Citizens' Police Academy

Application for Enrollment

**Please Print:**

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

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

City / Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

SS# : \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Occupation: \_\_\_\_\_

Community Group Affiliation (if any): \_\_\_\_\_

Why do you wish to attend the Citizens' Police Academy?  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about the Citizens' Police Academy?  
\_\_\_\_\_  
\_\_\_\_\_

I authorize the Smyrna Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizens' Police Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You can submit the completed form via regular mail or e-mail:**

Smyrna Police Department  
Citizens' Police Academy  
400 Enon Springs Road, East  
Smyrna, Tennessee 37167  
Attn: Michael Potts

michael.potts@townofsmyrna.org

(615) 459-9742 x2447 \_\_\_\_\_