



Miami Township Police Department Citizens Police Academy Application

Name: _____

Address: _____

Telephone Number: _____ Work: _____

Driver's License Number: _____

Date of Birth: _____

Place of Employment: _____ Occupation: _____

Address: _____

Have you ever been arrested or convicted of any criminal offense? _____

If yes, please explain: _____

Shirt Size: _____

In consideration of the acceptance in the program, I authorize Miami Township to use my photograph or other image for any purpose.

I authorize Miami Township to conduct an investigation into any Traffic or Criminal convictions that I have. I understand that this background investigation is being conducted as part of Miami Township Police Departments consideration of my application for participation in the Citizen Police Academy and that the results thereof will be utilized for purposes of determining my eligibility to participate.

I have received and read the Miami Township Police Department Directive 16.4, Auxiliary Programs which is attached. (You may detach and keep.) I have read and understand it and agree to comply with its provisions.

Signature _____ **Date** _____

Mail or fax form to: Miami Township Police Department, 5900 McPicken Drive, Milford, Ohio 45150. Fax: 513-248-3720

No changes may be made to form without authorization of the Assistant to the Chief of Police.