

Metro Citizens Police Academy

E-mail form to: publicsafety@sartellmn.com

OR

Mail form to: Sartell Police Department
PO Box 334
Sartell, MN 56377

FOR SARTELL RESIDENTS ONLY. PERSONS RESIDING OUTSIDE OF SARTELL MUST SUBMIT THIS APPLICATION TO THEIR LOCAL LAW ENFORCEMENT AGENCY.

Name _____
Last Name
First Name
Middle Initial

Address _____

City/Zip Code _____ Date of Birth _____

E-mail address _____ Shirt size (Circle one) S M L XL XXL

Are you willing to share the above information with others in the class? Yes _____ No _____

Home Phone	Work Phone	Other/Cell
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Drivers License #	Social Security #
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Employer	Address
Job Title	Duties

Education	Name	Date
High School		
College		
Other		

List two persons, not related to you as references:

Name		Name	
Address		Address	
Phone		Phone	

Why do you wish to attend and be considered for the Citizens Police Academy?

Emergency Contact

Name	
Relation to you	
Contact # (s)	

List ALL previous traffic violations, citations and police contacts within the last five years.

