



Application For Decatur Police Department Citizen Police Academy

Name: _____ D.O.B. ___/___/___/ SSN ___ - ___ - ___

Address: _____ City: _____ State: _____

Sex: ___ Race: ___ Driver License Number _____ State: _____

Primary Phone: _____ Alternate Phone: _____

Email: _____

Have you ever been arrested? Yes ___ No ___ If yes, Felony? ___ Misdemeanor? ___

If yes, where were you arrested? _____ State: _____

Outcome of the case: _____

Have you ever been on probation or parole? _____

Place of employment: _____

Address: _____ City: _____ State: _____

Occupation: _____ Work Phone: _____

Are you affiliated with any organizations (civic, veteran, neighborhood, etc.)? _____

What do you hope to accomplish by completing the Decatur Police Department Citizen Police Academy?

I hereby certify that I am at least 21 years of age and the information contained in this application is true and complete to the best of my knowledge. The Decatur Police Department is hereby authorized to make any investigation of my personal history as deemed necessary for consideration to attend the Decatur Police Department Citizen Police Academy. I understand that I am expected to attend seven (7) out of the eight (8) sessions to receive a certificate of completion.

Signature of applicant

Date

***Please attach a copy of your driver license or government issued identification card.**

***Please drop off your application at City Hall, 2nd Floor Police Department.**

***Deadline for application is May 20, 2026**