

Juliann FlahertyChief of Police

COMMUNITY POLICE ACADEMY APPLICATION

The Community Police Academy (CPA) is a free, 8-week opportunity to interact and learn about the Arlington Police Department through scenario-based learning, classroom experiences, and in the field activities. It is open to people who live or work in the Town of Arlington who are 18 years or older.

NEXT SESSION BEGINS: Thursday, January 9, 2024 from 6:00 pm to 9:00 pm

WHERE: Community Room located on the 2nd floor of the Arlington Police Department 112 Mystic Street, Arlington, MA 02474

HOW TO APPLY: Complete the enclosed application and return it to the Records Department on the 2nd Floor or email us Policerecords@town.arlington.ma.us

APPLICATION DEADLINE: Applications must be received by **12 pm, on Monday, December 30**th to be considered for this session. Late applications will be given priority consideration for the next session.



Please PRINT, unless otherwise indicated:

Full Legal Name:	
	Pronouns:
Date of Birth:	Place of Birth:
Driver's License or Social Sec	urity Number:
Preferred Phone Number: ()	- May we text? YES NO
Preferred Email Address:	
	in the Town of Arlington? YES NO
What is your occupation?	Polo shirt Size:
Current Physical Address:	
Current Mailing Address:	

The following questions will help the Training Academy staff when finalizing lesson plans. While programming consideration cannot be guaranteed due to security and privacy concerns, it is the staff's intention that learning opportunities meet participants identified needs when possible.



1. What do you hope to learn from this experien	ice?
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- 2. Is there any part of the police department, its operations, or its decision-making process you want to learn more about?
- 3. Do you have any scheduling issues which would interfere with eight (8) weeks of consecutive Thursdays (besides October 31st)? All Thursday night meetings will be scheduled from 6pm to 9pm.
- 4. Do you have any known food allergies or environmental allergies of which we should be aware?

I hereby certify that all statements made by me are, to the best of my knowledge, true and accurate. I hereby authorize the Arlington Police Department to conduct whatever records searches are necessary to determine my status as a criminal offender including a search of the records of the Department of Criminal Justice Information Services. As of this day, I am at least eighteen (18) years of age or older.

Print Name:	Date:	
Signature:		