



Sylvania Township Police Department

Citizens Police Academy Application



Application

Name: (Last, First, Full Middle)	
SSN:	Date of Birth:
Driver's License #:	
Address:	
Email:	
Cell Phone:	Home Phone:
Emergency Contact:	Relationship:
Emergency Contact Phone:	
Emergency Contact Address:	

- Have you ever been convicted of a felony? YES NO
- Have you ever been convicted of a violent misdemeanor? YES NO
- Is your driver's license valid? YES NO
- Do you live within Sylvania Township? YES NO
- Are you employed within Sylvania Township? YES NO
- Have you attended our Citizens Police Academy before? YES NO
- Do you have any type of medical condition or impairment that may limit your participation in physical activities? YES NO
 - If YES, please explain:
- Do you give consent to having a background check completed prior to approval for attending the Citizens Police Academy? YES NO
- Why would you like to participate in the Citizens Police Academy?
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Please return this application to Stacie Smothers
 4420 King Rd. Sylvania, OH 43560
 Phone 419-885-3721
 Fax 419-720-3035
 Email ssmothers@sylvaniatownshippolice.com