



# LAWRENCE TOWNSHIP POLICE DEPARTMENT

## Citizens Police Academy Application

Every Wednesday from Oct 2 - Nov 20 (6:30pm -9:00pm)



### PERSONAL INFORMATION

Name: \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_\_

Home Address: \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

NJ Driver's lic. #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Age: \_\_\_\_\_

Shirt Size: \_\_\_\_\_

### CURRENT EMPLOYMENT INFORMATION

(If Retired, list most recent Employment Information)

Occupation: \_\_\_\_\_ Business Phone: (\_\_\_\_) \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State: \_\_\_\_\_

### QUESTIONNAIRE

Have you ever been arrested or convicted of any criminal offense? Yes No

Do you have any medical conditions that limit your activities? Yes No

Have you ever used a name other than the one listed above? Yes No

Do you have any pending court cases? (Civil or Criminal) Yes No

If you answered "yes" to any of these questions, please elaborate:

Do you meet the following requirements for the class?

Are you at least 21 years of age? Yes No

Do you live or work in Lawrence Township? Yes No

**APPLICATION DEADLINE - TUESDAY, SEPTEMBER 10, 2024**

Send application via email to RLaird@Lawrencetwp.com or drop off at LTPD Dispatch Window

Please let us know why you are interested in attending the Citizens' Police Academy:

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Please list any community interests, clubs or professional memberships. etc.

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How did you hear about the Citizen's Academy?

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### CLASS ATTENDANCE

The Citizens Academy is an accelerated program with a full agenda each class session. Missing classes will result in a significant gap in the education process of the academy. I understand that participants absent more than two days may not receive a certificate of graduation.

Yes      No

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### BACKGROUND AUTHORIZATION

I understand that a criminal background check and warrant check will be conducted by the Lawrence Township Police Department as part of the application process. I authorize any law enforcement agency to release to the Lawrence Township Police Department any and all information for the limited purpose of aiding in evaluating my eligibility to participate in the Citizens Police Academy. I understand that I will not receive and am not entitled to know the contents of confidential reports received from said agencies. I hereby release, discharge and hold harmless the agencies, their agents and any person furnishing information from any and all liability arising out of furnishing and inspecting such documents and information.

I hereby grant the Lawrence Township Police Department permission to use my likeness in a photograph or video in any and all of its publications, including website entries, without payment or any other consideration.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Return completed application to:    **Lt. R Laird #217**  
    **Lawrence Township Police Department**  
    **2211 Lawrence Rd.**  
    **Lawrence NJ, 08648**

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FOR OFFICE USE: Date Received: \_\_\_\_\_

Background Check Completed - Date: \_\_\_\_\_ By: \_\_\_\_\_ Accepted \_\_\_\_\_ Denied \_\_\_\_\_