Union City Police Department
Citizen Police Academy **Application**

Name:	
Address:	
Home Phone:	**Cell Phone:**
DOB:	**Email:**
Driver License #:	**SSN:**

List Any Physical Limitations Below

_____ _____

Print Name: Signature and Date

NOTICE

Each applicant must be willing to pass a criminal history inquiry before being allowed to enroll in the Citizen Police Academy

You will be notified of acceptance

You may direct any questions or concerns to:
Officer Billy Shoemaker
Departmental Training Coordinator
770-715-7828
bshoemaker@unioncityga.org