



Brent Phelps  
Chief

# CITY OF LENOIR POLICE

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Scott Hildebran  
City Manager

## Citizens Police Academy Application

Deadline: \_\_\_\_\_

Applicants are subject to a background investigation.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer #: \_\_\_\_\_

Have you ever been convicted of a crime? Yes / No

If so, explain: \_\_\_\_\_

\_\_\_\_\_

Have you or any member of your family ever served in law enforcement? Yes / No

Why do you want to participate in the Citizens' Police Academy? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from your experience with the Citizens' Police Academy?

\_\_\_\_\_

\_\_\_\_\_

Are you willing to commit one night per week for six weeks to complete the program? Yes / No

Every effort will be made to maintain the safety of all Citizens Police Academy participants. Are you willing to sign a waiver releasing the City of Lenoir and its employees from liability resulting from any injuries you may obtain while participating in the Citizens' Police Academy? Yes / No

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_