



*Brent Phelps*  
Chief

# CITY OF LENOIR POLICE

1035 West Avenue NW – Lenoir NC 28645  
828-757-2100 – (fax: 828-757-2103)  
lenoirpolice@gmail.com



*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: \_\_\_\_\_