



**WHITEMARSH TOWNSHIP  
POLICE DEPARTMENT**  
616 GERMANTOWN PIKE  
LAFAYETTE HILL, PA 19444-1821  
BUSINESS: 610-825-6530 • FAX: 610-825-5078

**WHITEMARSH POLICE DEPARTMENT  
CITIZEN POLICE ACADEMY**

**Application for Enrollment**

\_\_\_\_\_  
Name (Print clearly or type)

\_\_\_\_\_  
Place of Employment

\_\_\_\_\_  
Address

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

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

If less than two years at present address, please list your previous address:

\_\_\_\_\_

Profession: \_\_\_\_\_

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DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ DL# \_\_\_\_\_ State \_\_\_\_\_

**EVER BEEN ARRESTED YES \_\_\_\_\_ NO \_\_\_\_\_**

**IF YES, WHAT OFFENSE** \_\_\_\_\_

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**PLEASE READ AND SIGN:**

I understand that prior to acceptance, applicants will be investigated for prior criminal offenses. A prior conviction will not automatically disqualify an applicant. The facts set forth in my application are true and correct. The Whitemarsh Township Police Department is hereby authorized to make any investigation of my personal history deemed necessary for consideration of entry to the Citizen Police Academy.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant Approved By:**

\_\_\_\_\_  
**Date**

**Mail or fax completed application to  
the Whitemarsh Police Department  
at the above listed address/fax #.**