



CITY OF GREENVILLE POLICE

Citizen Academy Application

Personal Information: (Please Print)

NAME: _____
Last First M.I.
GENDER: _____ RACE: _____ DOB: _____ LAST FOUR SSN: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
PHONE NUMBER: (____) _____ EMAIL: _____
DRIVER'S LICENSE NUMBER: _____ STATE: _____
EMPLOYER: _____ OCCUPATION: _____
COMMUNITY GROUP AFFILIATION: _____
NEIGHBORHOOD ASSOCIATION AFFILIATION: _____

CRIMINAL HISTORY: (Please Print)

HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME OTHER THAN MINOR TRAFFIC OFFENSES? YES ___ NO ___
IF YES, PLEASE EXPLAIN INCLUDING YEAR OF OCCURRENCE AND CRIME:

WHAT EXPERIENCE HAVE YOU HAD WITH LAW ENFORCEMENT?

EMERGENCY CONTACT: (Please Print)

NAME: _____ PHONE NUMBER: (____) _____

PARTICIPANT SIGNATURE: _____ DATE: _____

Please return (mail, email, or fax) this application to:

Community Outreach Team
c/o Greenville Police Department
4 McGee St
Greenville, SC 29601
Fax: (864) 467-4317
Office: (864) 467-6677
mlentz@greenvillesc.gov

SERVING • PROTECTING • CARING

4 McGee Street, Greenville, SC 29601 police.greenvillesc.gov