



DEPARTMENT OF POLICE

City of Cambridge
Cambridge, Maryland 21613

Chief Daniel A. Dvorak

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Fax # (410) 228-1060
MD RELAY (V/TTY) 7-1-1 or 1-800-735-2258
chiefdan@cambridgepd.org



Applicants must be 18 years of age or older to attend. Applicant must not have any prior felony convictions. A background check will be conducted on each applicant. The information below is required for the background check.

(Print clearly in *black* ink or type all answers. If more space is need use additional sheet(s) of paper)

Name: _____
Last First MI

D.O.B: _____ Age: _____ Gender: M F

Drivers License #: _____ State: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Occupation: _____ Employer: _____

Highest level of education completed: _____

"WITH PRIDE WE SERVE"

Questionnaire

1. How did you hear about the Cambridge Police Citizen Police Academy? _____

2. Why do you wish to attend the Citizen Police Academy? _____

3. Do you personally know any police officers (Cambridge or elsewhere)? If so, what is your Relationship? _____

4. Have you ever been arrested? If yes, please explain. _____

5. Are you interested in law enforcement as a career? If yes please explain _____

6. List any community-involved activities, associations or organizations in which you participate.

7. Have you ever had contact with the Cambridge Police Department? If so, was your experience positive or negative? _____

8. Is there anything that you would like to see included in the curriculum of the Citizen Police Academy?

Please review your answers and read the statement below before signing you application.

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statement and answers to questions. I understand that any omissions or false statements on this application shall be sufficient cause for rejection or dismissal from the Cambridge Citizens Police Academy. I understand that the information contained herein will remain confidential and will be used to conduct a criminal background check by the Cambridge Police Department. I understand that participation in the program is no intended to train citizens to be police officers. Rather, the goal and purpose of this program is to educate citizens regarding the purpose, rationale and context of policy and procedures. I acknowledge that in order to successfully complete the program that I must attend a minimum of 6 classes. I acknowledge that I am at least 18 years of age and have not had any prior felony convictions. I understand that photographs of participants may be taken during the program. I further grant permission to the Cambridge Police Department to use any photographs of me or my likeness, with or without associating names thereto and to publicize said photographs.

Signature of Applicant: _____

Date: _____

Completed applications should be brought or mailed to :

Cambridge Police Department
8 Washington St
Cambridge, Maryland 21613
Attn: Cpl. Antoine Patton