



Barnstable Police Department
1200 Phinney's Lane
Hyannis, Massachusetts 02601
(508) 775-0920
Fax (508) 790-6317



Matthew K. Sonnabend
Chief of Police

CITIZENS POLICE ACADEMY APPLICATION

(Please print all information clearly)

Name: _____
Last Name First Name M.I.

Home Address: _____
Number Street Apt #

_____ Town/Village State Zip Code

Telephone #: _____
Work

Occupation: _____ Employer: _____

Date Of Birth: _____ Social Security #: _____

Community/Civic Group Affiliations (if any): _____

Email address: _____

Important Notice: *A criminal records check/background investigation will be conducted on all applicants for the Citizens Police Academy. By signing below, you hereby grant the Barnstable Police Department authority to conduct a criminal history records check/background investigation. The background check will be for Academy purposes and will be kept confidential.*

Signature: _____ Date: _____

We anticipate that there will be strong community interest in this program. Please share your thoughts on why you are interested in attending the Citizens Police Academy and what you hope to learn from it:

PLEASE NOTE: Completed applications should be returned as soon as possible to: Sgt Mark Cabral, Barnstable Police Department, P.O. Box B, Hyannis MA 02601.