

**Lisbon Citizen's Police Academy**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
\_\_\_\_\_  
*City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

SSN: \_\_\_\_\_ Drivers License # \_\_\_\_\_

Have you ever been arrested? YES  NO  If yes, please explain.  
Reason for wanting to participate in program: \_\_\_\_\_

**Disclaimer and Signature**

*Lisbon Police Department reserves the right to deny admission/remove from the class anyone that they in their sole discretion believe is not abiding by the above terms or contributing to the positive learning environment of the class.*

*I have read the above information and agree to the terms listed, and give my permission to the Lisbon Police Department to conduct a background check for the purposes of this class only.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete by double-clicking on gray space and filling in desired text, then either email to or mail to

Lisbon PD  
300 Lisbon St.  
Lisbon, ME 04250  
c/o Sergeant Stewart

