



Scott A. Dumas
Chief of Police

Town of Rowley Police Department

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978-948-7644
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CITIZENS POLICE ACADEMY APPLICATION

Name: _____
Last First Middle

Home Address: _____
Number Street Apt. #

_____ City State Zip

Telephone #: _____
Home/Cell Work

Occupation: _____ Employer: _____

Date of Birth: _____ SS#: _____

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 Rowley Police Department authority to conduct a criminal history records check/background investigation. The background check will be for Academy purposes only and will be kept confidential.*

Signature: _____ Date: _____

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

PLEASE NOTE: Completed applications should be returned to Captain David Sedgwick at the Rowley Police Department, 477 Haverhill Street, MA 01969. All applications must be received by March 01, 2017.