

Senior Citizens Police Academy Application



Name: _____

Address: _____

ZIP: _____

Email address: _____

Date of Birth: _____

Social Security Number: _____

Male:

Female:

Work/Retired from: _____

Telephone—Home: _____

Work: _____

Cell: _____

Have you ever attended a Citizens Police Academy class in Louisville, KY Yes No

Will you need any physical accommodations?

Yes No

Please list any Louisville community organizations in which you are currently active:

Explain in a few words why you are interested in attending the Senior Citizens Police Academy and how did you learn of the program:

Applicants must be 55 years of age or older and either live or work in Louisville, KY.

All applicants will be subjected to a background check and submission of this application implies consent to this background check. Participants are expected to make a commitment to attend all class sessions, which will be held on Wednesday morning from 10:00 am—Noon for six weeks.

Please return to: Officer Minerva Virola

Louisville Metro Police Department

633 West Jefferson Street

Louisville, KY 40402

or Fax 502- 574-4468

Call if you have any questions. 502.432.2263 / 502.574.7423