

**HARFORD COUNTY SHERIFF'S OFFICE
CITIZENS' POLICE ACADEMY**

Application for Attendance

NAME _____ D.O.B. _____
(Last) (First) (Middle) (M/D/Y)

HOME ADDRESS _____
(City/County) (State)

HOME PHONE () _____ S.S.N. _____

E-MAIL ADDRESS _____

OCCUPATION _____

POSITION _____ WORK PHONE () _____

EDUCATION: (Circle one)

High School Some College Associates Bachelors Graduate PHD

I would like to attend the Citizens' Police Academy because: _____

Do you have a friend or relative working in a police department? If so, what is their name and what agency do they work for?

Please Return This Form To:

**Harford County Sheriff's Office
Training Academy
Attn: Cpl. James Pangratz
P.O. Box 150
Bel Air, Maryland 21014 – 0150
pangratzj@harfordsheriff.org**