



CITIZEN'S POLICE ACADEMY FALL 2021

SOUTH BEND POLICE
CITIZEN'S POLICE ACADEMY
REGISTRATION INFORMATION

DATE: _____
Fall 2021
August 10th to October 5th

NAME: _____ Last/Maiden: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

HOME TELEPHONE: _____

WORK PLACE: _____

WORK TELEPHONE: _____ CELL PHONE# _____

E-MAIL (If Available) _____

DRIVER LICENSE NO. _____

DATE OF BIRTH: _____ SS# _____

Have you ever been arrested or convicted of a criminal offense? Yes _____ No _____
(If Yes, please give date occurred, brief description, and police agency involved.)

Does applicant understand that to graduate, seven out of the nine classes must be attended?

Yes _____ No _____

Applicant Signature: _____ Date: _____

Return to the South Bend Police Department Front Desk Area:
Attn: Pfc. Keenan Lane 235-5941
Or mail to:
South Bend Police Department, 701 W. Sample Street, South Bend, IN 46601
Or scan and e-mail to:
klane@southbendin.gov