



CITIZENS POLICE ACADEMY FALL 2025

SOUTH BEND POLICE
CITIZENS POLICE ACADEMY
REGISTRATION INFORMATION

DATE: _____
**August 12-
October 7**

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.)

"I hereby authorize the South Bend Police Department to perform
a background check for the Citizens Police Academy."

Yes _____ No _____

Applicant Signature: _____ Date: _____

Return to the South Bend Police Department Front Desk Area:

Attn: Sgt. Jarveair Bourn | 235-9401

Or mail to:

South Bend Police Department, 701 W. Sample Street, South Bend, IN 46601

Or scan and e-mail to:

jbourn@southbendin.gov