



# 2018

## Kennebunk Police Department

### Citizen Police Academy Application

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#### **Mission Statement:**

“Promoting a positive and proactive relationship  
Between our community and law enforcement”

#### **Goal:**

To expose citizen's to the functions of the Criminal Justice System as well as introducing and maintaining a common knowledge of the Kennebunk Police Department as a whole. The program will also include self victimization awareness and hands on demonstrations.

#### **Eligibility Requirements :**

- 21 years of age or older
- Reside or employed in the Town of Kennebunk or reside in Kennebunkport!
- No prior felony arrests (or misdemeanor arrests in the past five years)
- Must agree to a basic background check
- Fill out and return the application by August 20, 2018 to the Kennebunk Police Department

#### **Academy details :**

Classes will be held on Thursdays for twelve (12) consecutive weeks beginning on August 30, 2018 until November 15, 2018 at the Kennebunk Police Department. The sessions will be approximately two hours long starting at 3:00PM. The Academy is FREE of cost and enrollment is limited to 12 students.

**Please contact Candice Simeoni with any questions:**

**Phone: (207)604-1365**

**email: [csimeoni@kennebunkmaine.us](mailto:csimeoni@kennebunkmaine.us)**

**The application deadline is August 20, 2018**

**Please complete the following**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date  
of birth: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email:  
\_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Business Address: \_\_\_\_\_ City:  
\_\_\_\_\_ State: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Info:

Contact Name: \_\_\_\_\_ Relationship:  
\_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested? Yes ( ) No ( )

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to attend this program? What would you like to learn?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the information contained within this application is accurate and complete to the best of my knowledge. I realize that the information provided,

along with a basic background check, will be used for determining my acceptance into the Kennebunk Police Citizen's Academy.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**Please return completed applications to:**

**Kennebunk Police Citizens Academy**  
4 Summer Street  
Kennebunk, ME 04043

**Background Check Authorization**  
Citizen Police Academy  
2018

I (print name) \_\_\_\_\_ hereby authorize the Kennebunk Police Department to conduct a criminal history background investigation on me. I understand that the background investigation is being conducted due to the content and material of this academy. I understand that all available and related records could be checked and that information will be used in determining my acceptance into the Kennebunk Police Citizen's Academy. This information will remain confidential and used only for the purposes this academy.

Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

Office Use Only

Records Check Complete and Attached: \_\_\_\_\_

Applicant Approved: Yes\_\_\_\_\_No\_\_\_\_\_

Applicant Notified: Yes\_\_\_\_\_No\_\_\_\_\_ Date:\_\_\_\_\_