



# CITIZENS POLICE ACADEMY

## NOMINATION FORM

RETURN FORM TO: Citizens Academy Coordinator (401-764-5610)  
Community, Diversity & Equity Unit  
311 Danielson Pike, Scituate RI 02857  
[communityde@risp.gov](mailto:communityde@risp.gov)

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Nominee:      
Last Name Suffix First Name Middle Initial

Address:      
Street Address City State ZIP Code

Date of Birth Sex Driver's License State Driver's License Number

Daytime Phone Number:  Evening Phone Number:

Cell Phone Number:  Email Address:

Name and phone number of the person to notify, in case of an emergency:

Name:  Phone:

**Why I would like to attend the Citizens Academy:**

Signature: \_\_\_\_\_ Date of Application: \_\_\_\_\_