



Rhode Island State Police Citizens Police Academy Application

First Name:

Last Name:

Address, City, State, Zip:

Date of Birth:

Phone Number:

E-mail Address:

Employer/Address:

Community Involvement:

Why do you want to attend?

Previously attended a Citizens Police Academy? If yes, list the agency?

Submit your completed application along with a copy of your current driver's license or ID to: Communityde@risp.gov