

City of Cordele
Citizen's Police Academy Registration Form

Pre-registration is recommended to ensure the proper number of materials and seats are available.

Last Name _____ First Name _____ MI _____

Social Security Number ____ - ____ - ____ Date of Birth ____ / ____ / ____ Age _____

Street Address _____ State _____ Zip Code _____

Telephone (Home) (____) ____ - ____ (Cell) (____) ____ - ____

Are you a certified peace officer in in any state? ____ Yes ____ No

If so, when and where were you employed? _____

Have you ever been a victim of a crime? ____ Yes ____ No Year _____ City _____

What was the outcome? _____

Give a brief reason why you wish to attend the CPA. _____

Have you ever been arrested and/or been convicted (plead guilty) of any of the following? If yes, give a brief description.

Felony: _____

Misdemeanor: _____

Traffic Ticket: _____

All answers to the above questions are confidential.

PLEASE COMPLETE ENTIRE FORM AND MAIL or DELIVER TO:

CORDELE POLICE DEPARTMENT
ATTN: Sgt Jeremy Taylor
501 N 7th St
Cordele, GA 31015
Or FAX TO: 229-276-2559

THIS PROGRAM IS FREE AND OPEN TO THE PUBLIC