



**NEWTON POLICE DEPARTMENT**  
**CITIZEN'S POLICE ACADEMY REGISTRATION FORM**

(For citizens residing or working in the City of Newton)

Name (First Middle Last): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Work Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Supervisor's Name and Phone #: \_\_\_\_\_

Have you ever been arrested? \_\_\_\_ Yes \_\_\_\_ No \* If yes, please give details including when and where.

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

What past personal experience have you had involving police Officers; Positive or Negative? \_\_\_\_\_

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

Why are you interested in attending the Citizen's Police Academy? Briefly Explain: \_\_\_\_\_

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

What do you expect to gain from this program? \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

By signing below, I hereby certify that the information above is true, and further, that the Newton Police Department is duly authorized to make any investigation of my personal history deemed necessary for consideration in order for me to attend the Citizen's Police Academy.

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

Please email or return this completed form to:

**Newton Police Department**  
**Attention: Sgt. B. Bixby**  
**411 N. Main Ave.**  
**P.O. Box 550**  
**Newton, NC 28658**  
**bbixby@newtonnc.gov**