



BELCHERTOWN POLICE DEPARTMENT

70 State Street. P.O. Box 901
Belchertown, MA 01007
413-323-6685 | fax 413-323-4802



Christopher G. Pronovost
Chief of Police

Citizen Police Academy Application

Name: _____

Date of Birth: _____ Social Security Number: _____

Home Address: _____

Home Phone Number: _____ Work Phone Number: _____

Work Address: _____

What information about the Belchertown Police Department would be most useful/interesting to you?

Important:

Due to the sensitive nature of the material covered within the Citizen Police Academy sessions, all participants are required to sign below.

I hereby grant permission to the Belchertown Police Department to access my criminal history file. I further understand that this information will be kept confidential, and that this record check is only for the purpose of this application.

Signed: _____ Date: _____