

GLEN ELLYN POLICE DEPARTMENT
SENIOR CITIZENS POLICE ACADEMY
APPLICATION



Attention: Officer Thomas Staples

Last Name		First Name		Middle Name	
M/F	Date of Birth	Driver's License Number		E – Mail address	
Residence – Street Address					
Residence - City					
Daytime Telephone		Evening Telephone		Other Telephone	
Special Needs or Conditions (i.e. Handicapped Access)					
IN CASE OF EMERGENCY CONTACT:					
Name			Evening Telephone		
Relationship			Other Telephone		

NOTE: All applicants are subject to a brief records check and participation may be limited. Please return application either by mail or dropping it off at the police department. Thank you!

Please complete application fully, using your name as it appears on your driver's license. Thank you.