



OCEAN CITY POLICE DEPARTMENT

Citizen's Police Academy

Application

OCPD Public Affairs
6501 Coastal Highway
Ocean City, MD 21842
Office: 410-723-6665

1. Name: Last First Middle SS#

2. Mailing Address City State Zip Code

3. Home Telephone Work Telephone Cell Phone

4. Email Address

5. Date of Birth Driver's License Number & State

6. Residences: Last 5 Years

7. In case of Emergency, Notify: Relationship Telephone

8. References: Other than family, please provide two.

Full Name Address Telephone Number

Full Name Address Telephone Number

9. Have you ever used or experimented with narcotics, drugs, marijuana or prescription medicines other than by prescription? If yes, explain:



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10. Have you ever been convicted of a crime or charged as an adult since your 18th Birthday? Do not include traffic offenses. If yes, explain.

11. Why do you want to attend the Citizen's Police Academy?

I hereby certify that all statements made in this application are true and accurate to the best of my knowledge.

Print Full Name

Date of Application

Signature

For Agency Use

Do not write below this line

Approved: _____

Background Investigator

Rejected: _____

Academy Start Date: _____

Email or Mail completed Applications to:
Ocean City Police Department
Public Affairs Office
6501 Coastal Highway
Ocean City, Maryland 21842
Email: mlevy@ococean.com
Phone: 410-723-6665 or Cell: 443-235-4446