



Please submit completed form to:  
Bergen County Sheriff's Office  
Community Outreach Unit  
10 Main Street  
Hackensack, NJ 07601

# BERGEN COUNTY SHERIFF'S OFFICE CITIZEN'S POLICE ACADEMY APPLICATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apartment/Floor: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

School: \_\_\_\_\_ Shirt Size: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Please select one of the following:*

*Teacher*

*Student*

*Citizen*