



THE OXFORD MD CITIZEN'S POLICE ACADEMY (OCPA) APPLICATION

Full Name (Including Middle): _____

Address: _____

Date of Birth: _____

Driver's License Number: _____

Email: _____

Phone Number: _____

Emergency Contact Information: _____

Have you ever been convicted of a crime? _____

Will you commit to attending all the classes? _____

How did you learn about the class? _____

Shirt size (circle one) S M L XL XXL XXXL

Why would you like to be considered to join the OCPA?

What are your current feelings about law enforcement locally and nationally?

***** I certify that my answers are true and complete to the best of my knowledge. I authorize the Oxford Police Department (OPD) to verify all information related to this application. I also understand that any misstatements of material fact may subject me to disqualification and that the OPD may reject any application without explanation. My signature will also serve as consent for the OPD to use my photograph in future publications and on social media. *****

Signature: _____

Date: _____