

**Columbia Police Department**  
**CITIZEN'S POLICE ACADEMY**  
Application



Full Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \* \_\_\_\_\_ Race:\* \_\_\_\_\_ Sex:\* \_\_\_\_\_ SSN #: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Driver's License No. & State: \_\_\_\_\_

List any other States you have lived in: \_\_\_\_\_

How did you hear about the Citizen's Police Academy? \_\_\_\_\_

Have you ever been arrested for any offense other than minor traffic violations? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what for? \_\_\_\_\_

When? \_\_\_\_\_ Where? \_\_\_\_\_

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. The Columbia Police Department is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Academy.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*This information is required for verification of data provided. It is not used for any other purpose.*

**Application Submittal Options:**

1. Email  
After the application is completed, scan and email it to:  
Officer A.L. Frederick - [alfrederick@columbiasc.net](mailto:alfrederick@columbiasc.net)
2. Send the application in a sealed envelope to the following address:  
Columbia Police Department Headquarters C/O: AL Frederick  
1 Justice Square, Columbia, SC 29201
3. Deliver  
Hand-deliver the document to the mailing address listed above *\*Give the document to a representative in the Telephone Response Unit, located in the lobby of CPD Headquarters*