



# Gorham Police Department

270 Main Street Gorham, Maine 04038  
Telephone (207) 839-5581 Fax (207) 839-7717  
G.P.D. Administrative Office (207) 222-1660



Christopher Sanborn  
Chief of Police

Michael Nault  
Deputy Police Chief

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## CITIZEN POLICE ACADEMY APPLICATION

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### **Goal:**

To expose citizen's to the functions of the Criminal Justice System as well as introducing and maintaining a common knowledge of the Gorham Police Department as a whole. The program will also include self-victimization awareness and hands on demonstrations.

### **Eligibility Requirements:**

- 18 years of age or older
- Reside or employed in the Town of Gorham
- No prior felony arrests (or misdemeanor arrests in the past five years)
- Must agree to a basic background check
- Fill out and return the application to the Gorham Police Department

### **Academy details:**

Classes will be held for ten (10) consecutive weeks beginning on October 10, 2018 until December 12, 2018 at the Gorham Police Department. The sessions will run from 6:00-8:30 pm. The Academy is FREE of cost and enrollment is limited.

**Please contact Sgt. Ted Hatch with any questions:**

Phone: (207)222-1681  
email: [thatch@gorham.me.us](mailto:thatch@gorham.me.us)

**Please complete the following**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

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

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Emergency Contact Info:**

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Have you ever been arrested? Yes ( ) No ( )

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Why do you want to attend this program? What would you like to learn?

\_\_\_\_\_

\_\_\_\_\_

I certify that the information contained within this application is accurate and complete to the best of my knowledge. I realize that the information provided, along with a basic background check, will be used for determining my acceptance into the Gorham Police Citizen's Academy.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed applications to:**

**Gorham Police Citizens Academy**  
270 Main Street  
Gorham, ME 04038

