



DELAWARE DEPARTMENT OF CORRECTION CITIZENS ACADEMY APPLICATION

Please fill in the information below and send completed application to Jason.Miller@Delaware.gov. Participants will be registered on a first-come, first-served basis.

NAME:

DATE OF BIRTH:

ADDRESS:

DRIVER'S LICENSE NUMBER:

ISSUING STATE:

EMAIL:

PHONE NUMBER:

EMPLOYER:

SHIRT SIZE (ADULT SIZE):

Why do you want to attend the Citizens Academy?

What do you hope to learn at the Citizens Academy?

Please share some information about your community involvement:

Please note: A background check will be completed for each applicant.