

# Dolton Police Department



## Citizen Police Academy

# Dolton Citizen Police Academy APPLICATION

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

Address: \_\_\_\_\_

How long have you lived at the above address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Employer's Telephone #: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Length of Employment: \_\_\_\_\_

*All applicants must be residents of Dolton and at least 18 years of age to be accepted into the academy.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*A background check will be completed on each applicant. The Dolton Police Department reserves the right to deny acceptance to the Academy based on findings of the background check.*

Briefly explain why you wish to attend the Citizen Police Academy

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# Dolton Police Department Citizen Police Academy Waiver of Liability

I request to participate in the Dolton Police Department Citizen Police Academy.

Please Print:

Requestor's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

In consideration of being given the opportunity to attend the Dolton Police Academy I, \_\_\_\_\_ recognize and assume any and all risks associated with said Academy, and hereby release the Village of Dolton, the Dolton Police Department, and Academy instructors from any and all liability for any injuries, damages, or claims that may arise during the course of the Academy.

I have read and fully understand this document and agree to accept the terms stated above.

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**Requestor's Signature**

**Date**

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**Witness Signature**

**Date**