



ADDISON POLICE DEPARTMENT
***Senior* CITIZENS POLICE ACADEMY**
APPLICATION FORM

Name _____
(Last) (First) (Middle Initial)

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Home Phone () _____ Work Phone () _____

Business or Occupation _____

Business Address _____

City _____ State _____ Zip Code _____

Have you ever been arrested? Yes ___ No ___ If yes give the name of the arresting agency, date of arrest and the charges placed against you: _____

Please describe why you want to attend this program:

I have read the program description for the Addison Citizens Police Academy and understand that this training program will not authorize me to carry a firearm or exercise peace officer powers if I am allowed to participate.

Signature of Applicant

Date

Please return this application and the release of liability to:

Sergeant Karen Miller
Addison Police Department
Three Friendship Plaza
Addison, Illinois 60101