

HOFFMAN ESTATES POLICE DEPARTMENT
Citizen Police Academy Application

1. Name: _____
LAST FIRST MIDDLE

2. Date of Birth: _____

3. Address: _____
STREET ADDRESS, APT #, CITY STATE ZIP

4. Phone Numbers- Home: _____ Work: _____

Emergency Contact: _____
NAME RELATIONSHIP PHONE#

5. Driver's License Number: _____ State: _____

Class: _____ Expiration Date: _____ Is License Valid? **Yes** _____ **No** _____

6. Have you ever been arrested? **Yes** _____ **No** _____

If yes, Please explain where, when, and the disposition:

7. Place of Employment: _____ Occupation: _____

Address: _____
STREET ADDRESS CITY STATE ZIP

E-mail Address _____

8. Why are you interested in attending the Hoffman Estates Citizen Police Academy?

I certify that all statements made on this application are true and complete. I agree and understand that any deliberate misstatements or omissions of material facts may disqualify me from attending the Citizen Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Applicant must be at least 18 years old, and reside or work in Hoffman Estates.

SIGNATURE

DATE

HOFFMAN ESTATES POLICE – CITIZEN POLICE ACADEMY

**AUTHORIZATION TO RELEASE INFORMATION TO THE HOFFMAN ESTATES
POLICE DEPARTMENT**

To Whom It May Concern:

I, _____, the undersigned, hereby authorize the Hoffman Estates Police Department, Hoffman Estates, Cook County, Illinois, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain my criminal history records. I hereby release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the aforementioned Hoffman Estates Police Department.

I hereby release the Village of Hoffman Estates and any other agency or entity that is custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any other attempted to comply with it.

AUTHORIZING SIGNATURE

FULL NAME – PRINTED

DATE

WITNESS: _____
NAME

DATE

**HOFFMAN ESTATES POLICE DEPARTMENT
CITIZEN POLICE ACADEMY WAIVER OF LIABILITY**

I request to participate in the Citizen Police Academy.

Requestor's Name (PLEASE PRINT): _____

Date of Birth: _____

Home Address: _____

Home Telephone: _____

For and in consideration of the undersigned being given the opportunity of attending the Citizen Police Academy and observing police operations and functions of the Hoffman Estates Police Department, and by any and all other means of observation whatsoever, the undersigned, in order to avail himself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby released the Village of Hoffman Estates from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his heirs, dependants and assigned may sustain in any way during the course of the Hoffman Estates Citizen Police Academy.

I have read and understand the provisions of this waiver of liability printed above.

Requestor's Signature

Date

HOFFMAN ESTATES POLICE DEPARTMENT

Received/Witnessed by: _____

Approved by: _____