



ROSELLE POLICE DEPARTMENT 2020 CITIZEN POLICE ACADEMY APPLICATION

Name: _____
Last *First* *Middle*

Home Phone: _____ Work Phone: _____

Date of Birth: _____	Email: _____
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Address: _____	City/State: _____	Zip: _____
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In case of emergency contact: _____
Name / Relationship / Phone Number

Driver's License Number: _____	State: _____	Class: _____	Expiration Date: _____
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Is your driver's license valid? Yes No

Have you ever been arrested? Yes No

If yes, explain where, when and disposition:

Place of employment: _____

Employer's address: _____

Occupation: _____

Personal reference we may contact: Name: _____ Phone: _____

List any members of the Roselle Police Department you know:	1. _____
	2. _____
	3. _____

Why are you interested in attending the Roselle Citizen Police Academy?

All applicants must be at least 18 years of age and live or work in the Village of Roselle. A background check will be conducted on each applicant. The Roselle Police Department reserves the right to deny entry to the program based on findings of the background check.

All information on the above application is true and accurate. I authorize the Roselle Police Department to conduct a background check based on this application.

SIGNATURE: _____ **DATE:** _____

ROSELLE POLICE DEPARTMENT

CITIZEN POLICE ACADEMY

I request to participate in the Roselle Police Department Citizen Police Academy. *(PLEASE PRINT.)*

Name: _____

Date of Birth: _____ Email: _____

Home Address: _____

Home Telephone Number: _____

LIABILITY WAIVER

IN CONSIDERATION of being permitted to participate in the Roselle Police Department Citizen Police Academy Program, I and my next of kin, personal representatives, and heirs hereby release and waive the Village of Roselle and the Roselle Police Department, its officers, agents, or employees from all liability to myself, my personal representatives, heirs, and next of kin for all loss or damage in any claim or damage therefore on account of injury to the person or property or resulting in the death of myself, no matter what the cause and will not sue the Village of Roselle while I am participating in the Citizen Police Academy Program.

I agree to indemnify the Village of Roselle from any loss, liability, damage, or cost I may incur due to my presence in the Citizen Policy Academy Program whether caused by the negligence of the Roselle Police Department, its officers, agents, or employees of the Village of Roselle. I hereby assume full responsibility for and risk of bodily injury, death, or property damage, or otherwise while in the Citizen Policy Academy Program. I agree that this Liability Waiver and Indemnity Agreement is intended to be as broad and inclusive as permitted by the laws of the State of Illinois.

I further release all employees, representatives, or agents of the Village of Roselle from any claim whatsoever on account of first aid, treatment, or service rendered me during participation as a result of the Citizen Policy Academy Program.

I certify that I am at least 18 years of age and agree to allow the Roselle Police Department to conduct a background check prior to being accepted to participate in the Roselle Citizen Police Academy.

This Waiver contains the entire agreement between the parties of the agreement and the terms of this Waiver are contractual. I further state that I have carefully read the above Waiver and know the contents of the Waiver and sign this Waiver of my own free will.

Signature

Date

Roselle Police Department
Received / Witnessed by: _____

Approved by: _____



Roselle Police Department
103 S. Prospect
Roselle, IL 60172
630-980-2025

Photo Release form for Adults

The Roselle Police Department has my permission to use my photograph publicly to promote the Roselle Police Department. I understand that the images may be used in print publications, online publications, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Signature:

_____ Date: _____

Name:

Phone Number:

Photo Release Form for Minors (if under 18)

The Roselle Police Department has my permission to use my Child's photograph publicly to promote the Roselle Police Department. I understand that the images may be used in print publications, online publications, websites, and social media. I also understand that no royalty, fee or other compensation shall become payable to me by reason of such use.

Parent/Guardian's Signature:

_____ Date: _____

Parent/Guardian's Name:

Child's Name: _____

Phone Number: _____