



# LOCKPORT POLICE DEPARTMENT



## Citizens Police Academy Application

Date of Application \_\_\_\_\_

Full Name (as it appears on your Driver's License) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

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

**Please list one personal reference that is not related to you.**

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone(Home) \_\_\_\_\_ (Work) \_\_\_\_\_

**Have you been arrested for any offense other than a traffic violation? Yes \_\_\_\_\_**

No \_\_\_\_\_

If yes, what for? \_\_\_\_\_ When? \_\_\_\_\_

Where? \_\_\_\_\_

### ELIGIBILITY REQUIREMENTS

Applicants for the Citizen Police Academy must meet the following criteria:

You must live, work, or attend school in the City of Lockport

Be at least 18 years of age

Have no felony convictions have no misdemeanor convictions within three years of application. Any requirement may be waived or modified upon review and approval of the Chief of Police

Briefly explain your interest in the Citizens Police Academy.

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What do you expect to gain from attending the Academy?

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How did you hear about the Citizens Police Academy?

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Please list or describe any civic activities/organizations you are or have been involved in:

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Will you be able to attend all of the class sessions? YES \_\_\_\_\_ NO \_\_\_\_\_

If NO, please explain:

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- List a contact person in case of an emergency during your attendance at the Citizen Police Academy:

Name \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship: \_\_\_\_\_

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*LOCKPORT POLICE DEPARTMENT- CITIZEN'S POLICE  
ACADEMY AUTHORIZATION TO RELEASE INFORMATION TO THE  
LOCKPORT POLICE DEPARTMENT*

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To Whom It May Concern:

I, the undersigned, hereby authorize the Lockport Police Department, Lockport, Will 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 Lockport Police Department.

I hereby release the City of Lockport, IL 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 \_\_\_\_\_

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*CITIZEN'S POLICE ACADEMY WAIVER OF LIABILITY*

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I request to participate in the Lockport Police Citizen's Police Academy.

Requestor's Name (PLEASE PRINT): \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

For and in consideration of the undersigned being given the opportunity of attending the Citizen's Police Academy and observing police operations and functions of the Lockport Police Department, and by any and all other means of observation whatsoever, the undersigned, in order to avail him/herself of said opportunity, recognizes and assumes any and all risks pertaining thereto, and hereby released the City of Lockport, IL from any and all liability whatsoever for any injuries, damages, and claims the undersigned, his heirs, dependents and assigned may sustain in any way during the course of the Lockport Police Citizen's Police Academy. I have read and understand the provisions of this waiver of liability printed above.

Requestor's Signature \_\_\_\_\_

Date \_\_\_\_\_

LOCKPORT POLICE DEPARTMENT

Received/Witnessed by: \_\_\_\_\_

Approved by: \_\_\_\_\_