

MEQUON POLICE DEPARTMENT CITIZENS' POLICE ACADEMY

Letter of Application

Name _____ Date of Birth _____
(Last Name, First Name Middle Initial)

Address _____ Home Phone # _____

City _____ Zip Code _____ Cell Phone # _____

E-mail address _____

Driver's License # _____

Employer _____ City _____

Occupation _____ Work Phone # _____

I, _____, hereby state that I am a willing volunteer
PLEASE PRINT YOUR NAME

wishing to participate in the Mequon Police Department's Citizens' Police Academy.

I state that I understand that a portion of the Citizens' Police Academy involves practical exercises. I further state that I understand that participation in these practical exercises is totally voluntary on my part, and if chosen to participate, I am doing so at my own risk.

I understand and agree that as a participant in the Citizens' Police Academy, I am not an employee of the Mequon Police Department nor the City of Mequon.

I understand and agree that the Mequon Police Department, or its agents, may conduct a background check on me to ascertain any and all information of concern and to determine eligibility for entry into the Citizens' Police Academy. I release the Mequon Police Department and its agents from all liability.

I understand and agree that this application in no way obligates the Mequon Police Department to allow my entry into the Citizens' Police Academy.

Applicant Signature: _____ Date: _____