



DENVILLE POLICE DEPARTMENT
CITIZENS' POLICE ACADEMY - APPLICATION



Date of Application: _____

Name: _____
(Last) (First) (M.I.)

Date of Birth: _____ Social Security #: _____

Driver's Lic. #: _____

Home Address: _____

Home Telephone #: _____

Alternate Telephone #: _____ Type: Cellphone Work Phone

Email Address: _____

Employer Name: _____

Occupation: _____

Employer Address: _____

T-Shirt Size: S M L XL XXL Other: _____

Will you be able to attend all 10 class sessions? YES NO

Have you ever been arrested, detained by police or summoned into court? YES NO

If Yes, Explain:

Briefly explain your interest in attending the Citizen Police Academy:

Special Medical Conditions: _____

Emergency Contact Name: _____

Address: _____

Phone #: _____ Relationship: _____

Denville Police Department – Citizens’ Police Academy

Authorization and Release

The undersigned, understanding all activities and requirements, requests the opportunity and privilege to participate in the Denville Police Department’s Citizens’ Police Academy.

I agree to obey any and all directives and orders of any member of the Denville Police Department while engaged in any and all activities relating to the Citizens’ Police Academy, as well as to strictly adhere to any Departmental safety rules and/or regulations.

I further acknowledge that the privilege of participating in this program may be rescinded at any time during the course of the Citizens’ Police Academy as a result of improper behavior or other factors that may be detrimental to the safety or well-being of any other participants or instructors, and the decision to rescind this privilege is in the sole and absolute discretion of the police officers involved.

I further RELEASE the Township of Denville and all involved police officers from any and all claims for liability which may arise out of my participation in the Citizens’ Police Academy.

I CERTIFY that I am at least 18 years of age and am a resident of Denville Township; that all of the information contained in this application is correct and truthful to the best of my knowledge; that I have read the forgoing and agree to abide by these regulations; and that I have signed this Authorization and Release of my own free will.

Applicant Name (Printed): _____

Applicant Signature: _____ Date: _____

Name and Image Release

The undersigned also acknowledges and understands that the Citizens’ Police Academy may generate interest from the news media, both print and televised, and authorizes the release of my name and any image for use in any news media story relating to the Citizens’ Police Academy. I further authorize and release my name and image for use in any presentations or other media of any kind to be used for or by the Denville Police Department regarding the Citizens’ Police Academy program.

Applicant Name (Printed): _____

Applicant Signature: _____ Date: _____



DENVILLE POLICE DEPARTMENT
CITIZENS' POLICE ACADEMY
BACKGROUND CHECK AUTHORIZATION



As a candidate to participate in the Denville Township Police Department's Citizens' Police Academy, I hereby authorize the Denville Township Police Department to conduct a criminal history background investigation on me. I understand that such a background investigation is being conducted for security purposes due to the sensitive nature of some of the topics to be discussed or presented by the Citizen Police Academy Staff. I understand that all available police and criminal records will be checked and that my eligibility to attend the Citizens' Police Academy will be determined in part by that information. I further understand that any/all information revealed to the Denville Police Department as a result of such background check will remain confidential.

Signature: _____ Date: _____

For Police Department Use Only		
<i>Do Not Write Below This Line</i>		
Completed Records Check Attached	Yes / No	
Applicant Approved	Yes / No	
Approved By		
Applicant Notified	Yes / No	
Response from Applicant	Able to Attend	Not Able to Attend
Notes:		