



# Cedarburg Police Department Citizens' Police Academy



## Letter of Application

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last Name, First Name, Middle Name

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

City: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

Prior Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
If your present Address is for less than 5 years

Your Place of Employment: \_\_\_\_\_ City: \_\_\_\_\_

Your Position at Your Place of Employment: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

I, \_\_\_\_\_, hereby state that I am a willing volunteer  
Please Write Your Name  
wishing to participate in the Cedarburg 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 Cedarburg Police Department nor the City of Cedarburg.

I understand and agree that the Cedarburg 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 Cedarburg Police Department and its agents from all liability.

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

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_