

Citizen's Police Academy Application

A Joint Project with:

The Will County Sheriff's Department, New Lenox Police Department, Frankfort Police Department, Manhattan Police Department, and Mokena Police Department.

Name _____ Date of Birth _____
Last First MI

Address _____

City/State/Zip _____

Home Phone: _____ Cell phone: _____

E-mail Address: _____

DL# _____

Employer _____ Occupation _____

Employer's Address _____

Have you ever been arrested for any offense other traffic? _____ (Y/N)
If yes, what for? _____ when? _____

Please briefly describe any civic activities/organizations you are involved in: _____

What experience have you had with Law Enforcement?

____ positive ____ negative

Explain: _____

Briefly explain why you are interested in Citizen's Police Academy:

What do you expect to gain from attending Citizen's Police Academy? _____

Person to contact in case of emergency during CPA

Name _____ Phone number _____

WAIVER

I hereby certify that the information contained in this application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen's Police Academy.

Signature _____ Date _____

*Please return the completed application to the Frankfort Police Department or fax to (815)469-7997.