

**Citizen's Police Academy
Application**

A Joint Project

Will County Sheriff's Department

New Lenox Police Department

Frankfort Police Department, Manhattan Police Department, and Mokena Police Department

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

Name _____ Date of Birth _____
Last First MI

Address _____

City/State/Zip _____

Home Phone: _____ Cell phone: _____

E-mail Address: _____

Soc/Sec# _____ 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 _____