



POLICE DEPARTMENT

200 South Lincolnway
North Aurora, Illinois 60542
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www.northaurora.org
DAVID C. FISHER
CHIEF OF POLICE

**Citizen Police Academy
Application Form**

Last Name: _____ **First:** _____ **Mid:** _____

Address: _____

Date of Birth: _____ **Telephone:** _____

Drivers License #: _____

How long have you lived at present address : Yrs _____ Mos. _____

If less than five years previous address: _____

Occupation: _____ **Employer:** _____

Employers address: _____

Telephone: _____ **Length of Employment:** _____

All applicants must live in the **Village of North Aurora** and also be 18 years of age or older. A background check will also be conducted on each applicant. The North Aurora Police Department reserves the right to deny entry to the Academy based on the findings of that background check.

All information on the above application is true. I authorize the North Aurora Police Department to conduct a background check based on this application. **Please complete Participant release on page 2.**

Signature: _____ **Date:** _____

Citizen's Police Academy Participant Release

I, _____, hereby request permission to participate in the Citizen's Police Academy (CPA) program, offered by the North Aurora Police Department and the Village of North Aurora to educate citizens as to the work and duties of members of the police department to promote education and understanding thereof. In no way does the village, by offering this service, authorize citizens to act in the capacity of police officers. The Village expects any citizen who is involved or a witness to a crime to dial 911 to seek police assistance and never attempt to handle such a situation on their own. Participants must be 18 or older.

I understand that training may involve some active physical participation, which includes a potential risk of personal injury and/or personal property damage; and I make this request with full knowledge of these risks and with the understanding that I may sit out of any activity that I am not comfortable participating in. I agree to hold the Village of North Aurora, County of Kane, and North Aurora Police Department, and each of their officers, governing bodies, agents, employees, personnel and volunteers, harmless from any and all claims, actions or suits for any injury or loss that I may suffer, or which may arise, as a result of my participation in the above mentioned program/class. I agree to follow the rules established by the instructors, and to exercise all reasonable care while participating in the CPA program. I understand that I can be administratively removed from the program.

Additionally, I authorize the use of my image, photographed in connection with my participation in the program, without prior approval or compensation. I understand that my submission of this application, whether mailed; or sent electronically via email or faxed, shall have the same force and effect as an original.

Further, I understand that a criminal history check will be completed on all applicants, and my acceptance to the course is subject to clearance of the background check. I authorize the North Aurora Police Department to conduct a background investigation, including a check of criminal records and other information regarding me that may be of a confidential or privileged nature.

By executing this release I certify that all information above is true and accurate, I have read this release in its entirety, I understand all of its terms, and I have had any questions regarding the release or its effect satisfactorily answered. I sign this release freely and voluntarily.

Signature: _____ **Date:** _____