

Palatine
Police
Department

Spring

2023

Citizen Police Academy Application
March 1 – May 17, 2023

Palatine Police Department

Citizen Police Academy Application

Name: _____

Last

First

Middle

Date of Birth: _____

Address: _____

Street

City

State

Zip

Phone Number: _____

Home

Cell

Emergency Contact: _____

Name

Relationship

Phone #

Driver's License Number: _____

Class

Expiration

Is License Valid?

Have you ever been arrested? _____

If yes, explain where, when, and the disposition: _____

Place of Employment: _____

Address: _____

Street Address

City

State

Zip

Email Address: _____

Why are you interested in attending the Palatine Police Department Citizen Police Academy? _____

I certify that all statements made on this application are true and complete. I agree and understand that any deliberate misrepresentations or omissions of material facts may disqualify me from attending the Palatine Police Department Citizen Police Academy. My signature below acknowledges my understanding of the above.

Signature Date



Palatine Police Department – Citizen Police Academy

AUTHORIZATION TO RELEASE INFORMATION TO THE PALATINE POLICE DEPARTMENT

To Whom it May Concern:

I, _____, the undersigned, hereby authorize the Palatine Police Department, Palatine, Cook County, Illinois, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain my criminal history records. I hereby release such information upon the request of the bearer. This release is executed with full knowledge and understanding that the information is for the official use of the aforementioned Palatine Police Department.

I hereby release the Village of Palatine and any other agency or entity that is custodian of such records, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization or any other attempted to comply with it.

Authorizing Signature

Full Name – Printed

Date

Witness: _____

Name

Date

Palatine Police Department Citizen Police Academy Waiver of Liability

I request to participate in the Citizen Police Academy.

Requestor's Name (Printed): _____

Date of Birth: _____

Home Address: _____

Telephone Number: _____

For and in consideration of the undersigned being given the opportunity of attending the Citizen Police Academy and observing police operations and functions of the Palatine Police Department and by any and all other means of observation, whatsoever, the undersigned, in order to avail himself of said opportunity, recognizes and assumes any and all liability whatsoever for any injuries, damages, and claims the undersigned, his heirs, dependents and assigned may sustain in any way during the course of the Palatine Police Department Citizen Police Academy.

I have read and understand the provisions of this waiver of liability printed above.

Requestor's Signature Date

Palatine Police Department

Received by: _____

Approved by: _____
