

**ELGIN POLICE DEPARTMENT**  
**CITIZENS POLICE ACADEMY (CPA)**  
**APPLICATION – Page 1 of 2**



**PLEASE PRINT**

Name: \_\_\_\_\_ Maiden or other name used: \_\_\_\_\_  
(Last) (First) (M.I.)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(must be 18 years old)

Business or Occupation: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

.....

Have you ever been **arrested**? (Please circle one or the other)      **YES**      **NO**

Please list any personal **convictions**: \_\_\_\_\_

.....

Please describe why you want to attend the CPA program. (Please attach sheet for additional space).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read the program description for the Citizens Police Academy and understand that if I am allowed to participate in this training, **I will not be authorized to carry a firearm or exercise the powers of a peace officer.** I authorize the Elgin Police Department to conduct a criminal background check in conjunction with my application to participate in the Citizens Police Academy.

---

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**EPD WILL NEED A COPY OF APPLICANT'S DRIVER'S LICENSE when this application & Release of Liability are turned in.** Please turn in to: Christy Schmidt, Community Relations/Crime Prevention, Elgin Police Department, 151 Douglas Ave., Elgin, IL 60120.

(over, please)

**ELGIN POLICE DEPARTMENT**  
**CITIZENS POLICE ACADEMY**  
**APPLICATION: RELEASE OF LIABILITY – Page 2 of 2**



In consideration of the benefits that I will receive from my participation in the Elgin Police Department Citizens Police Academy sponsored by the Elgin Police Department, I do hereby release the City of Elgin, its police personnel, agents, public officials, servants and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damage to me or my property, or my death, arising out of or related to any happening or occurrence while I am participating in the Citizens Police Academy. For the same consideration, I agree to forever hold the City of Elgin and said persons aforementioned harmless from any such liability, claims, demands, actions or causes of action.

The terms hereof shall be in full force and effect during the period of my participation in the Elgin Police Department Citizens Police Academy.

---

Signature of Participant

---

Date

---

Print your name

**This form must be returned with the completed CPA application.**