

**CITIZEN'S POLICE ACADEMY APPLICATION**  
A JOINT PROJECT  
WILL COUNTY SHERIFF'S DEPARTMENT  
NEW LENOX POLICE DEPARTMENT  
FRANKFORT POLICE DEPARTMENT  
MOKENA POLICE DEPARTMENT

Date of Application \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
last first middle

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Soc/Sec# \_\_\_\_\_ Driver's Lic# \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Employers address \_\_\_\_\_  
Street city state zip

Have you been arrested for any offense other than traffic? \_\_\_\_\_yes \_\_\_\_\_no

If yes, what for? \_\_\_\_\_ When? \_\_\_\_\_ Where \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

What experience have you had with Law Enforcement? \_\_\_\_\_ Positive \_\_\_\_\_ Negative

Briefly explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Briefly explain your interest in the Citizens Academy: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you expect to gain from attending the Citizen's Academy? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Person to contact in case of emergency during your attendance at the Academy:

Name \_\_\_\_\_ Phone \_\_\_\_\_

**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 Police Academy.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Form may be mailed to Officer Leanne Bender, Frankfort Police Dept., 20602 Lincoln-Way Ln., Frankfort, IL, 60423 or faxed to 815-469-7997.