



VILLAGE OF SCHAUMBURG

CITIZENS' POLICE ACADEMY APPLICATION

SCHAUMBURG POLICE DEPARTMENT

1000 W. Schaumburg Road, Schaumburg, IL 60194

Phone 847.882.3586 • Fax 847.923.2391

www.schaumburg.com

Last Name: _____ First: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Date of Birth: _____ Telephone Number: _____

Driver's License #: _____ E-mail Address: _____

(Attach a copy of your Driver's License or State ID)

How long have you lived at present address: Years _____ Months _____

Previous address, if at present address less than five years:

Address: _____ City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Employers Address: _____

Employer Telephone Number: _____ Length of employment: _____

How do you hear about the program: _____

Why are you interested in attending the Schaumburg Police Citizen Police Academy?

Have you ever been arrested? Yes _____ No _____

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

All applicants must be at least 18 years of age, and live or work in the Village of Schaumburg. Participants under the age of 21 will not be allowed to use firearms.

I certify that all statements and all information on the above application is true and complete. I agree and understand that any deliberate misstatements or omissions of material facts may disqualify me from attending the Citizen Police Academy. I understand that I will not be allowed to carry a firearm at any time during the Citizen Police Academy.

The Schaumburg Police Department reserves the right to deny entry to the academy based on findings from the background check. I authorize the Schaumburg Police Department to conduct a criminal background check on this application.

Signature: _____

Date: _____

**AUTHORIZATION TO RELEASE INFORMATION
TO THE SCHAUMBURG POLICE DEPARTMENT**

To Whom it May Concern:

I, _____, the undersigned, hereby authorize the Schaumburg Police Department, Schaumburg, 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 Schaumburg Police Department.

I hereby release the Village of Schaumburg 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

RELEASE AND INDEMNIFICATION

IN CONSIDERATION of being permitted to participate in the Schaumburg Police Department Citizen Police Academy, I, for myself and personal representatives, heirs, next of kin, hereby releases, waives, discharges and covenants, not to sue the Village of Schaumburg, its Police Department, its officers, agents or employees, from all liability to myself, my personal representatives, assigns, heirs and next of kin for all loss or damages, in any claim or damage therefore on account of injury to the person or property or resulting in the death of myself, whether caused by the negligence of the Village of Schaumburg, its Police Department, its officers, agents or employees while I am participating in a Citizen Police Academy.

I agree to indemnify the Village of Schaumburg, its Police Department, its officers, agents or employees from any loss, liability, damage or cost I may incur due to my presence in or on the Citizen Police Academy whether caused by the negligence of the Village of Schaumburg, its Police Department, its officers, agents, or employees, or otherwise. I hereby assume full responsibility for and risk of bodily injury, death or property damage or otherwise while in or on the Citizen Police Academy. I agree that this Release Waiver and Indemnity Agreement are intended to be as broad and inclusive as permitted by the laws of the State of Illinois.

I further release all employees, representatives or agents of the Village of Schaumburg from any claim whatsoever on account of first aid, treatment or service rendered me during participation as a result of the Citizen Police Academy.

I certify that I am at least 18 years of age and agree to allow the Schaumburg Police Department to conduct a background check prior to participating in the Citizen Police Academy.

This Release contains the entire agreement between the parties to this Agreement and the terms of this Release are contractual and not a mere recital. I further state that I have carefully read the above release and know the contents of the Release and sign this Release of my own free will.

Applicant Signature _____ **DATE** _____

PHOTO CONSENT

I give consent to allow any photographs or digital images taken during the Schaumburg Police Department Citizen Police Academy to be used for brochures, website, news outlet and social media.

Signature: _____ Date: _____

**Please return completed applications
with a copy of your Driver's License or State ID to:
Schaumburg Police Department
1000 W. Schaumburg Rd., Schaumburg, IL 60194
Attn: Crime Prevention Specialist**



Revised: March 2018