



LAKE COUNTY SHERIFF'S OFFICE

Citizen Police Academy Application

Student Number: _____ Date: _____

Name: _____
 First Middle Last

Address: _____

City, State, Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Email: _____ Driver's License #: _____

Employer: _____

Address: _____

City, State, Zip: _____

DOB: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Have you ever been convicted of a felony or a misdemeanor?
If yes, please state nature of offense(s), date(s), city, state and disposition: _____

Please list two references that are not personally related to you through birth or marriage.

Personal Reference: _____ Phone #: _____

Personal Reference: _____ Phone #: _____

Please list any special assistance you may need in order to participate in the Citizen's Police Academy: _____

Have you ever attended a Citizen Police Academy before?
If yes, where and when? _____

How did you hear about the Lake County Sheriff's Office Citizen Police Academy program? _____

Why have you volunteered to participate and what do you hope to achieve? _____

The Citizen Police Academy has been designed to provide participants with a general understanding of the procedures and operations of the Lake County Sheriff's Office. The purpose of this community service program is to educate members of our community, thus creating informed residents, **NOT** to create law enforcement officers. This program consists of 30 hours of instruction over a 10-week period. Most classes are expected to be scheduled on Thursday evenings between 6:30 p.m. – 9:30 p.m. Participants are expected to attend every class session and may have only two (2) excused absences in order to graduate from the program. Class size is limited and acceptance into the program will be within the complete discretion of the Lake County Sheriff's Office.

WAIVER, RELEASE AND CONSENT FOR DISCLOSURE

I have personally read and answered each applicable question herein, and do solemnly swear that each answer is complete and accurate in every respect. I hereby authorize the Sheriff, his officers, employees or agents to obtain and use information regarding my criminal history record and to contact individuals named as my personal references to verify the information that I have provided on this application and to obtain information regarding my general reputation, character and interest in the Citizens Police Academy.

I understand that my participation in the Citizen Police Academy will be within the complete discretion of the Lake County Sheriff, his officers, employees, or agents and that there has been no implied or expressed guarantee that by submitting this application that I will be accepted into this program. I further understand that if accepted into the Citizen Police Academy, that I may be removed from the program at any time and for any reason by the Sheriff, his officers, employees or agents. I also understand that if accepted into the Citizen Police Academy, that I will not be considered an employee of the Lake County Sheriff nor will I have any of the rights, benefits or privileges associated with such employment.

I further understand that if I am chosen to participate in the Citizen Police Academy that such participation is voluntary and will be at my own risk. I agree to assume full responsibility for my own safety and well-being at all times and under all circumstances while I am participating in the Citizen Police Academy or in any activities organized by the Lake County Sheriff, his officers, employees or agents. I further agree to release, waive and discharge the Sheriff, his officers, employees and agents and the County of Lake and its officers, employees and agents from any and all liability to myself, the undersigned, my heirs, dependents and assigns for any and all claims, demands, losses or damages that may arise from any injury, including permanent disability and death, or damage to property that results from or is alleged to have resulted from the undersigned's participation in the Citizen Police Academy or from the actions of the Lake County Sheriff, his officers, employees, or agents or from the actions of any officer, employee or agent of the County of Lake.

I further agree that in consideration for being allowed to participate in the Citizen Police Academy, that employees and representatives of the Lake County Sheriff and County of Lake will have my permission to photograph or videotape me and to use, reproduce and redistribute, without restriction, images of my likeness and my name in their publications, internet web sites, displays, news releases or on Lake County Television (LCTV). I further hereby unconditionally release and hold harmless the Lake County Sheriff, his officers, employees, or agents and the County of Lake, its officers, employees and agents from any and all causes of action that may result from the creation, production or distribution of any media materials containing images of my likeness, voice or name.

I HAVE READ THE ABOVE AND UNDERSTAND THAT BY SIGNING THIS WAIVER, RELEASE AND CONSENT FOR DISCLOSURE, THAT I WILL BE BOUND BY ITS TERMS.

Signed: _____ Date: _____

Print Name: _____

You may forward your application via email to RBuchberger@lakecountylil.gov or mail to:
Lake County Sheriff's Office, Attn: Community Services, 25 S Martin Luther King Jr Avenue, Waukegan, IL 60085