



Hamilton Township Police Department

Citizens Police Academy Application

Name: _____

Address: _____

Telephone Number: _____ Work: _____

Driver's License Number: _____

Date of Birth: _____

Place of Employment: _____ Occupation: _____

Address: _____

Have you ever been arrested or convicted of any criminal offense? _____

If yes, please explain: _____

Shirt Size: _____ Email: _____

In consideration of the acceptance in the program, I authorize Hamilton Township to use my photograph or other image for any purpose.

I authorize Hamilton Township to conduct an investigation into any Traffic or Criminal convictions that I have. I understand that this background investigation is being conducted as part of Hamilton Township Police Department's consideration of my application for participation in the Citizen Police Academy and that the results thereof will be utilized for purposes of determining my eligibility to participate. I agree that my participation in the Citizens Police Academy program may be terminated for any reason at any time. I have executed and acknowledge the provisions of the Citizens Police Academy Liability Waiver.

Signature _____ **Date** _____