



**APPLICATION FOR CITIZEN POLICE ACADEMY  
DUPAGE COUNTY SHERIFF'S OFFICE**

**CLASS DATE:**

DATE: \_\_\_\_\_

PLEASE PRINT

Last Name: \_\_\_\_\_ Full First: \_\_\_\_\_ MI: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Please Circle:            Male            Female

Home Address: \_\_\_\_\_

City: \_\_\_\_\_, IL Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
No P.O. Boxes

Social Security Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

PLEASE PRINT CLEARLY

In case of emergency notify:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relation: \_\_\_\_\_

Work History

Occupation: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

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

Phone: \_\_\_\_\_ How long employed with employer above: \_\_\_\_\_

Please Return To:

Lt. Richard Rushing  
DuPage County Sheriff's Office  
501 N. County Farm Rd.  
Wheaton, IL 60187  
(630) 407-2032

CRIMINAL HISTORY

Have you ever been adjudicated or convicted of a crime in any court?

Yes (if yes explain)

No

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How did you learn of the Citizens Police Academy?

Friend? \_\_\_\_\_(Name) Relative? \_\_\_\_\_(name)

Neighbor? \_\_\_\_\_(name) Co-worker? \_\_\_\_\_(name)

Website? \_\_\_\_\_(name) Alumni referral? \_\_\_\_\_(name)

Do you know anyone employed at the DuPage County Sheriff's Office?

If yes, Name? \_\_\_\_\_

Division? \_\_\_\_\_

How long? \_\_\_\_\_

## APPLICANT HEALTH / MEDICAL INFORMATION

If you answer YES to any of the following questions, please explain fully.

Do you have any special challenges e.g. visually or hearing impaired, learning disability, behavioral disorder etc.? If so please explain below.

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Do you have any of the following condition(s) for which you are currently or have been previously under medical care?

Asthma       Diabetes       Epilepsy       Heart Disease  
 Hyperactivity       Respiratory

Any conditions or health concerns not listed above? Please describe below.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (If Under 18)

**APPROVAL FOR BACKGROUND INVESTIGATION,  
CRIMINAL HISTORY AND DRIVERS LICENSE CHECK**

As a CPA Member for the County of DuPage, I realize that a background investigation, criminal history, and drivers license check will be done before I can begin class I hereby authorize the DuPage County Sheriff's Office to search any law enforcement database to conduct it.

List ALL names you have ever used including maiden name:

Name: \_\_\_\_\_  
(PRINT)      LAST,      FIRST      MIDDLE

Name: \_\_\_\_\_  
(PRINT)      LAST,      FIRST      MIDDLE

Name: \_\_\_\_\_  
(PRINT)      LAST,      FIRST      MIDDLE

Address: \_\_\_\_\_ Apt.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Soc. Sec. # \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PARTICIPATION PERMIT/PROMISE TO RELEASE**

**NAME OF PARTICIPANT** \_\_\_\_\_

During my participation in the DuPage County Sheriff's Office Citizen Police Academy, I do hereby release the County of DuPage, its police officers, public officials, agents, and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have due to any and all injuries and damage to me or to my property, or my death, arising out of or related to any happening or occurrence while I am participating in the academy. For the same reason, I agree to forever, not hold, the County of DuPage and said persons liable for any such claims, demands, actions or causes of action.

The terms above shall be in full force and effect during the period of my participation in the DuPage County Sheriff's Office Citizen Police Academy.

**SIGNATURE OF PARTICIPANT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**PARENTAL PERMISSION/RELEASE OF LIABILITY**

I, \_\_\_\_\_, permit \_\_\_\_\_  
**Signature Parent or Guardian** **Academy Participant**

To participate in the CITIZEN POLICE ACADEMY, I hereby release all liability of DuPage County, Its elected officials, the DuPage County Sheriff's Office, and its employees, both collectively and Individually, of any injury, physical or emotional, that may result from his/her participation in the CITIZEN POLICE ACADEMY.

\_\_\_\_\_  
**Signature Parent or Guardian** **Date**

I hereby swear that there are no willful misrepresentation or omissions in, or falsification of, the foregoing statements and answers to questions. I am aware that should an investigation disclose such willful misrepresentations, falsification or omissions, my application for the Citizen Police Academy will be rejected by the DuPage County Sheriff's Office.

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

The DuPage County Sheriff's Office does not discriminate based on age, color, race, national origin, gender, religion or disability.

RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

I, \_\_\_\_\_, hereby acknowledge that I have voluntarily applied to participate in the DuPage County Sheriff's Office Citizen Police Academy. The Citizen Police Academy will give me a hands on look at the operation of the DuPage County Sheriff's Office and an overview of the Office's policies and procedures.

I AM AWARE THAT MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY PROGRAM MAY EXPOSE ME TO CERTAIN DANGEROUS AND HAZARDOUS ACTIVITIES INCLUDING K-9 DEMONSTRATION, POLICE GUN RANGE DEMONSTRATION, TRIP TO THE COUNTY JAIL, AND I AM VOLUNTARILY PARTICIPATING IN THIS PROGRAM WITH THE KNOWLEDGE OF THE RISKS OF INJURY OR DEATH.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE

AS LAWFUL CONSIDERATION for being permitted to participate in this program and use facilities of the County of DuPage, I hereby agree that I, my heirs, distributees, guardians, legal representatives and assigns will not make a claim against, sue, or prosecute the County of DuPage, its employees, agents, or representatives for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent, or representative of the County of DuPage, as a result of my participation in the Citizen Police Academy. In addition, I hereby release and discharge the County of DuPage, its employees, agents, and representatives from all actions, claims, or demands, I, my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for injury or damage resulting from my participation in the Citizen Police Academy.

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE COUNTY OF DUPAGE AND/OR ITS EMPLOYEES, AGENTS, OR REPRESENTATIVES AND SIGN THIS DOCUMENT OF MY OWN FREE WILL.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
DATE