



**ADDISON POLICE DEPARTMENT
SENIOR CITIZENS POLICE ACADEMY
APPLICATION FORM**

Name _____
(Last) (First) (Middle Initial)

Address _____

City _____ State _____ Zip Code _____

Date of Birth _____

Home Phone (_____) _____ Work Phone (_____) _____

Business or Occupation _____

Business Address _____

City _____ State _____ Zip Code _____

Have you ever been arrested? Yes _____ No _____

If yes, give the name of the arresting agency, date of arrest and the charges placed against you:

Please describe why you want to attend this program: _____

I have read the program description for the Addison Senior Citizens Police Academy and understand that this training program will not authorize me to carry a firearm or exercise peace officer powers if I am allowed to participate.

Signature of Applicant

Date

Please return this application and the release of liability to:

Sergeant D. Olson
Addison Police Department
3 Friendship Plaza
Addison, IL 60101
www.DOlson@addison-il.org