



Please describe why you want to attend this program: \_\_\_\_\_

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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.

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Signature of Applicant Date

Please return this application and the release of liability to:

Sergeant B. Lindstrom  
Addison Police Department  
3 Friendship Plaza  
Addison, IL 60101  
BLindstrom@addison-il.org