



Darien Police Department

Application For Citizens' Police Academy



PLEASE PRINT

Name: _____
(First) (Initial) (Last)

Address: _____ City _____ State _____ Zip _____

Date of Birth : _____ / _____ / _____ Phone #: _____

E-mail: _____

Have you been arrested in the last five years? Yes No If Yes, what were the charges? _____

Participation Permit / Promise to Release

I understand that a criminal records check will be done on me prior to my being accepted into this program.

Signature: _____ Date: _____

In consideration of the benefits that I will receive from my participation in the Darien Police Department Citizens' Police Academy , I do hereby release the City of Darien, the Police Officers, public officials, agents, and employees from any liability, claims, demands, actions and causes of action from which I may here after have on account any injuries and/or damage to me or my property, or my death, arising out or related to any happening or occurrences while I am participating in the Academy. For the same considerations, I agree to forever hold the City of Darien and said persons harmless from any such liability, claims, demands, actions, or causes of actions. I also agree that the Department and the Academy may use my picture or any likeness in advertising or publicity in relation to the Department or Academy.

The terms thereof shall be in full force during my participation in the Darien Police Department Citizen's Police Academy.

Signature of Participant

Date

Return to Ofc. Skweres

Darien Police Department, 1710 Plainfield Road or nskweres@darienil.gov