

**MUSKEGON POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY
APPLICATION**

NAME _____
Print Last First Middle

ADDRESS _____
Print Number Street ZipCode

DATE OF BIRTH _____ M _____ F _____

DRIVERS LICENSE/STATE I.D. NUMBER _____

TELEPHONE NUMBER _____
Home Work

OCCUPATION _____

EMPLOYER _____



What is your interest in attending the Citizen's Academy _____

Class size is limited and preference will be given to those who reside or work in the City of Muskegon.

Your signature on this form constitutes authorization for the Muskegon Police Department to conduct a background check based upon this application. The Muskegon Police Department reserves the right to deny entry to the Academy based on the finding of said background check.

Your Signature

Date

Please **return this form not later than March 7, 2011** to:

Denny Powers, Police-Community Coordinator
Muskegon Police Department
980 Jefferson Street
Muskegon, MI 49440

****The Liability Waiver on the reverse side of this form must be signed and returned with the application.**

**MUSKEGON POLICE DEPARTMENT
CITIZEN'S POLICE ACADEMY**

RELEASE OF LIABILITY

In consideration of the benefits that I will receive from my participation in the Muskegon Police Department Citizen Police Academy sponsored by the Muskegon Police Department, I do hereby release the City of Muskegon, its police personnel, agents, public officials, servants and employees from any and all liability, claims, demands, actions and causes of actions which I may hereafter have on account of any and all injuries and damage to me or my property, arising out of or related to any happening or occurrence while I am participating in the Citizen Police Academy. For the same consideration, I agree to forever hold the City of Muskegon and said persons aforementioned harmless from any such liability, claims, demands, actions or causes of action.

The terms hereof shall be in full force and effect during the period of my participation in the Muskegon Police Department Citizen Police Academy.

Signature of Participant

Date

Print your name

If you have any physical or medical condition(s) which may have an affect on your ability to participate in all class sessions and demonstrations please list those here so the instructors can be aware of them and make appropriate arrangements.

This form must be signed and returned as well as the completed application on the reverse side.