

# MEQUON POLICE DEPARTMENT CITIZENS' POLICE ACADEMY

## Letter of Application

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(Last Name, First Name Middle Initial)

Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone # \_\_\_\_\_

E-mail address \_\_\_\_\_

Driver's License # \_\_\_\_\_

Employer \_\_\_\_\_ City \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone # \_\_\_\_\_

I, \_\_\_\_\_, hereby state that I am a willing volunteer  
PLEASE PRINT YOUR NAME

wishing to participate in the Mequon Police Department's Citizens' Police Academy.

I state that I understand that a portion of the Citizens' Police Academy involves practical exercises. I further state that I understand that participation in these practical exercises is totally voluntary on my part, and if chosen to participate, I am doing so at my own risk.

I understand and agree that as a participant in the Citizens' Police Academy, I am not an employee of the Mequon Police Department nor the City of Mequon.

I understand and agree that the Mequon Police Department, or its agents, may conduct a background check on me to ascertain any and all information of concern and to determine eligibility for entry into the Citizens' Police Academy. I release the Mequon Police Department and its agents from all liability.

I understand and agree that this application in no way obligates the Mequon Police Department to allow my entry into the Citizens' Police Academy.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications can be dropped off at the police department, faxed, or emailed (mkastens@ci.mequon.wi.us) to Sgt. Kastens, Fax# 262-242-7655

***Applications are due by February 8, 2022. Class starts on February 17, 2022.***