MEQUON POLICE DEPARTMENT CITIZENS' POLICE ACADEMY

Letter of Application

| Name (Last Name, First Name | Date of Birth |
|---|--|
| Address | Home Phone # |
| City Zi | p Code Cell Phone # |
| E-mail address | |
| Driver's License # | DLICE |
| Employer | City |
| Occupation | Work Phone # |
| I,PLEASE PRINT YOUR NAME | , hereby state that I am a willing volunteer |
| wishing to participate in the Med Academy. | quon Police Department's Citizens' Police |
| practical exercises. I further stat | ortion of the Citizens' Police Academy involves that I understand that participation in these untary on my part, and if chosen to participate, I |
| | participant in the Citizens' Police Academy, I non Police Department nor the City of Mequon. |
| conduct a background check on concern and to determine eligibi | Mequon Police Department, or its agents, may me to ascertain any and all information of lity for entry into the Citizens' Police Acade- e Department and its agents from all liability. |
| | application in no way obligates the Mequon entry into the Citizens' Police Academy. |
| Applicant Signature: Applications can be dropped off at the police Sgt. Lindsay Graycarek Fax# 262-242-7655 | Date:department, faxed, or emailed (lgraycarek@ci.mequon.wi.us) to |