



Munster Police Department

**CITIZENS POLICE ACADEMY APPLICATION**

**NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CONTACT NUMBERS:** (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**WHY DO YOU WISH TO PARTICIPATE?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**WHAT POLICE SUBJECT MATTER ARE YOU MOST INTERESTED IN?** \_\_\_\_\_

\_\_\_\_\_

**HAVE YOU EVER BEEN ARRESTED? IF YES, WHAT FOR?** \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, hereby provide permission for the Munster Police Department to conduct a limited background check on my person. By participating in this program, I also understand that some of the training could be physical in nature and I waive any liability against the Munster Police Department. I am participating at my own free will.

\_\_\_\_\_

**SIGNATURE**

\_\_\_\_\_

**DATE**