

Munster Police Department

CITIZENS POLICE ACADEMY APPLICATION

NAME:		Do	OB:/_	
ADDRESS:				
CONTACT NUMBE	ERS: <u>(</u>)	or <u>(</u>)		
EMAIL ADDRESS:				
WHY DO YOU WIS	SH TO PARTICIPATE?			
WHAT POLICE SU	BJECT MATTER ARE YOU MOS	T INTERESTED IN?		
HAVE YOU EVER E	BEEN ARRESTED? IF YES, WHA	AT FOR?		
l,	, herby provi	de permission for the I	Munster Polic	e Department to
understand that s	mited background check on my some of the training could be plunster Police Department. I	ohysical in nature and	I waive any lia	ability against the
	SIGNATURE		DATE	