



CAMPTON HILLS POLICE DEPARTMENT

CITIZEN'S POLICE ACADEMY APPLICATION

Applicant Information		
Name	Preferred Name	
Other Names Used (include nicknames & maiden name):		
Home Address:		
City:	State:	Zip
Home Phone:	Work Phone	Cell Phone
Date of Birth:	Race	Sex
Driver's License Number/State	Occupation:	
How long have you lived in Campton Hills?	Years	Months
Emergency Contact Information		
Name:	Relationship:	
Address:		
City:	State:	Zip
Home Phone:	Work Phone	Cell Phone
Criminal History		
Have you ever been arrested for any offense other than a minor traffic Offense?		
If yes, list criminal offense, date and location.		
Signature		
I hereby certify that the information contained in this application is true and to the best of my knowledge. The CAMPTON HILLS POLICE DEPARTMENT is authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizens Police Academy.		
Signature:	Dates:	
For Official Use Only		

CAMPTON HILLS POLICE DEPARTMENT

Whereas, the CAMPTON HILLS Police Department wishes to provide law enforcement training to private citizens and
Whereas, during the course of such training the recipients will have access to documents and information declared by ILLINOIS
to be confidential, and

Whereas, the CAMPTON HILLS POLICE DEPARTMENT may become legally liable for the release of confidential documents and
information, and

Whereas, the CAMPTON HILLS POLICE DEPARTMENT wishes assurance that private citizens participating in the Citizen's Police Academy will not release confidential information without authorization,

Whereas, in consideration of the law enforcement training which the CAMPTON HILLS POLICE DEPARTMENT will provide, the undersigned recipient of such training agrees to release the Village of CAMPTON HILLS and it's employees from any judgment of a claim based upon the unauthorized release or dissemination of confidential documents of information by the undersigned.

Signed: _____

Date: _____

Witness by: _____

Date: _____

**CAMPTON HILLS POLICE DEPARTMENT
AUTHORIZATION FOR RELEASE OF INFORMATION/CONSENT FORM**

I hereby authorize the CAMPTON HILLS POLICE DEPARTMENT to obtain and/or receive any criminal history record and/or driving history record information pertaining to me which may be in the files of any state or local criminal justice agency in ILLINOIS, any other state, or any other country.

*The intent of this authorization is to give my consent for full and complete disclosure of the following records and request that the custodian of such records/information permit my records to be examined, copied or otherwise reviewed. **Criminal History***

Record and Driver History Record

A photocopy of this release form will be valid as an original hereof even though the said photocopy does not contain an original writing of my signature.

This release is executed with the full knowledge and understanding that the information is for the official use of the CAMPTON HILLS POLICE DEPARTMENT in determining my suitability to attend the Citizens Police Academy.

I hereby waive and release any claims against any party which I may have as a result of the release of any records or information referenced in this Authorization and acknowledge that no party shall have any liability to me as a result of complying with a request for such information and/or records.

PRINT FULL NAME _____

SIGNATURE: _____

TODAY'S DATE: _____