



Wood Dale Police Department  
Citizens' Police Academy  
Application Packet

Please check off the below boxes to confirm all items are enclosed in the packet. Please return the packet to:

Sergeant Piecuch  
Wood Dale Police Department  
404 N Wood Dale Road  
Wood Dale, Il 60191  
apiecuch@wooddale.com

- Application
- Program Limits
- Release of Liability
- Participant Requirements and Responsibilities
- Code of Conduct
- Emergency Contact Information
- Photo Release



Wood Dale Police Department  
Citizens' Police Academy  
Application Packet

**Application**

Please Print

Name: \_\_\_\_\_  
Last First MI

Date of Birth: \_\_\_\_\_  
Month Day Year

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Please describe why you want to attend this program.

\_\_\_\_\_

I understand that my application for the Wood Dale Citizens' Police Academy does not ensure my acceptance into the program. The Wood Dale Police Department reserves the right to disqualify any applicant from participating in Citizens' Police Academy at any time.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



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## Program Limits

I have read the program description for the Citizen's Police Academy and understand that this training will not authorize me to carry a firearm or exercise Peace Officer powers if I am allowed to participate.

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Applicant's Name (Print)

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Date

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Applicant's Signature



# Wood Dale Police Department Citizens' Police Academy Application Packet

## **Hold Harmless and Release of Liability Waiver**

In consideration of the benefits that I will receive from my participation in the City of Wood Dale's Citizen's Police Academy, sponsored by the Wood Dale Police Department, I do hereby release the City of Wood Dale, its police personnel, agents, public officials, servant, and employees from any and all liability, claims, actions, and causes of action which I may hereafter have an account of any and all injuries and damages to me and my property, or my death, arising out of or related to any happening of occurrence while I am participating in the Citizen's Police Academy. For the same consideration, I agree to forever hold the City of Wood Dale and said person aforementioned harmless from any such liability, claims, demands, action, or causes of actions.

The terms hereof shall be in full force and effective during my period of participation in the Wood Dale Police Department Citizen's Police Academy.

This form MUST be returned with the completed application.

### **AGREED:**

\_\_\_\_\_  
Applicant's Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

If Applicant is a Minor

\_\_\_\_\_  
Name of Parent/Legal Guardian (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Parent/Legal Guardian



# Wood Dale Police Department Citizens' Police Academy Application Packet

## **Participant Requirements and Responsibilities**

1. The Citizens' Police Academy shall not interfere with routine operations of the Police Department.
2. Participants are to dress in proper attire (non-offensive).
3. Participants who are asked to identify themselves should explain that they are a Citizen's Police Academy participant.
4. Smoking is not permitted.
5. A records check will be conducted on all participants prior to the academy. Anyone with activities or arrests that are in conflict with the mission and values of the Police Department will not be accepted.

I certify that I understand the Participants' Requirements and Responsibilities in this program.

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Applicant's Name (Print)

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Date

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Applicant's Signature



# Wood Dale Police Department Citizens' Police Academy Application Packet

## Code of Conduct

1. I will never identify myself as a Police Officer.
2. Whatever I see or hear of a confidential nature or that is confided to me in my capacity will be kept ever secret unless revelation is necessary in the performance of my duties.
3. I will not speak poorly of anyone associated with the Citizens' Police Academy program, any employee of the City of Wood Dale or any Elected Official of the City of Wood Dale, while in a public forum.
4. I will speak to a Police Department Citizens' Police Academy Representative regarding any concerns I have regarding a fellow member or City of Wood Dale employee.
5. I will not speak to or provide information or pictures to members of the media or provide information or pictures through social media, regarding my assignments without prior authorization.
6. I will hold myself to a higher standard and perform my duties in a professional manner. I will not let personal feelings motivate my actions. Nor will I make decisions based on one's Race/ Gender/Sexual Orientation/ or Religious Beliefs.
7. I will not disrupt or interfere with the goals or objectives of the Citizens' Police Academy Program. I acknowledge that at any time I may be removed from the program for any reason.

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Applicant's Name (Print)

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Date

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Applicant's Signature



# Wood Dale Police Department Citizens' Police Academy Application Packet

## Emergency Contact Information

**Members Name:**

\_\_\_\_\_ Last First MI

1. Person to notify in case of an emergency: (Please print)

\_\_\_\_\_ First Name Last Name

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Phone number Relationship to you

2. Person to notify in case of an emergency: (Please print)

\_\_\_\_\_ First Name Last Name

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Phone number Relationship to you

If emergency information changes, please complete a new form as soon as possible and return it to Sergeant Piecuch or CSO Knight.

My signature affirms that I give my permission for individuals listed on this emergency contact form to be contacted in the event that an emergency arises requiring communication regarding my wellbeing to be made.

\_\_\_\_\_ Volunteer Signature

\_\_\_\_\_ Date



# Wood Dale Police Department Citizens' Police Academy Application Packet

## **Photo Release Form**

I hereby grant the Wood Dale Police Department permission to use my likeness in a photograph in any and all publications including, but not limited to, website and social media entries. The photos will be used to promote Wood Dale Police Department organized activities through social media websites such as Instagram, Facebook, and Twitter.

I understand and agree that any photographs taken will become the property of the Wood Dale Police Department and will not be returned. I hereby irrevocably authorize the Wood Dale Police Department to copy, exhibit, publish or distribute this photo for purposes of publicizing the Wood Dale Police Department. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, where my likeness appears.

Additionally, I understand the Wood Dale Police Department Volunteer Service Program (VSP) and Citizen Police Academy (CPA) Code of Conduct stating, I will not speak to or provide information or pictures to members of the media or provide information or pictures through social media, regarding VSP and CPA assignment.

I have read this release before signing below and I fully understand the content, meaning and impact of this release.

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Printed Name

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Date

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Signature