



2017 CITIZEN POLICE ACADEMY APPLICATION

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

DOB: _____ Sex: _____ Height: _____

Eyes: _____ Hair: _____

Driver license #: _____

Have you ever been arrested/convicted of a crime? If so, explain.

Do you need special accommodations due to a disability? If so, explain.

In consideration of the Winchester Police Department granting permission to enter in or upon any premises which are under actual care or passive control, I hereby waive all claims to damage or loss to my person or property which may be caused by any act or failure to act of the Winchester Police Department, its officers, agents or employees. I assume the risk of all dangerous conditions in or, upon the premises or vehicles, and waive any and all notice of existence of such conditions. I certify that I understand the requirements and responsibilities of participants in this program.

Signature

Date