



ZION POLICE DEPARTMENT

2101 Salem Blvd.
Zion, Illinois 60099
Phone (847) 872-8000 FAX (847) 746-4093



City of Zion Community Police Academy Application

Special Note: Must attend 80% of classroom sessions to be eligible to receive a graduation certificate. You must be 18 years of age at time of application to be considered eligible.

NAME: _____ DATE of BIRTH: _____
 LAST FIRST MIDDLE

PRIMARY PHONE NUMBER: _____

SECONDARY PHONE NUMBER: _____

E-MAIL ADDRESS: _____

How did you find out about the Community Police Academy?

List any medications, allergies, and/or accommodations we may need to be aware of:

EMERGENCY CONTACT NAME & PHONE NUMBER:

I _____ hereby acknowledge that I have completed the above information fully and accurately. I understand and give my permission, with respect to the Zion Police Department, to conduct a background investigation to determine my suitability for admission to this program.

SIGNATURE: _____

DATE: _____

COMPLETE AND RETURN TO:
SGT MANUEL RIVERA
ZION POLICE DEPARTMENT
2101 SALEM BLVD
ZION IL 60099

For further information please contact:
Sgt Manuel Rivera
Phone#: 847-872-8000
Email: manuelr@zion.il.us

This application does not guarantee enrollment. You will receive confirmation of your registration prior to the start of the academy.

WAIVER, RELEASE AND CONSENT FOR DISCLOSURE

I have personally read and answered each applicable question herein, and do solemnly swear that each answer is complete and accurate in every respect. I hereby authorize the Chief of Police, his employees or agents to obtain and use information regarding my criminal history record and to contact individuals named as my emergency contacts to verify the information that I have provided on this application and to obtain information regarding general reputation, character and interest in the Community Police Academy.

I understand that my participation in the Community Police Academy will be within the complete discretion of the Zion Police Department, its officers, employees, or agents and that there has been no implied or express guarantee that by submitting this application that I will be accepted into this program. I further understand that if accepted into the Community Police Academy, that I may be removed from the program at any time and for any reason by the Chief of Police, his officers, employees or agents. I also understand that if accepted into the Community Police Academy, that I will not be considered an employee of the Zion Police Department nor will I have any of the rights, benefits or privileges associated with such employment.

I further understand that if I am chosen to participate in the Community Police Academy that such participation is voluntary and will be at my own risk. I agree to assume full responsibility for my own safety and well-being at all times and under all circumstances while I am participation in the Community Police Academy or in any activities organized by the Zion Police Department, its officers, employees or agents. I further agree to release, waive and discharge the Chief of Police, his officers, employees and agents and the City of Zion and its officers, employees and agents from any and all liability to myself, the undersigned, my heirs, dependents and assigns for any and all damage to property that results from or is alleged to have resulted from the undersigned's participation in the Community Police Academy or from the actions of the City of Zion Chief of Police, his officers, employees, or agents or from the actions of any officer, employee or agent of the City of Zion.

I further agree that in consideration for being allowed to participate in the Community Police Academy, that employees and representatives of the Zion Police Department and the City of Zion have my permission to photograph or videotape me and to use, reproduce and redistribute, without restriction, images of my likeness and my name in their publications, internet web sites, displays or news releases. I further hereby unconditionally release and hold harmless the Zion Police Department Chief of Police, his officers, employees, or agents and the City of Zion, its officers, employees and agents from any and all causes of action that may result from the creation, production or distribution of any media materials containing images of my likeness, voice or name.

I HAVE READ THE ABOVE AND UNDERSTAND THAT BY SIGNING THIS WAIVER, RELEASE AND CONSENT FOR DISCLOSURE, THAT I WILL BE BOUND BY ITS TERMS.

SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____

You may forward your application via email to: manuelr@zion.il.us

Or mail to: Zion Police Department, Attn: Sgt Manuel Rivera, 2101 Salem Blvd, Zion IL 60099