



**LOMBARD POLICE DEPARTMENT  
CITIZEN'S POLICE ACADEMY  
APPLICATION FOR ADMISSION**

Name: \_\_\_\_\_  
Last
First
Middle

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_

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

Are you employed by or have a business in the Village of Lombard?  YES How long? \_\_\_\_\_  NO  
 If YES, the name and address of the business: \_\_\_\_\_

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

Have you ever been arrested for anything other than a traffic offense?  YES  NO

If yes, explain where, when and disposition: \_\_\_\_\_

How did you hear about the Citizen's Police Academy: (check all that apply)  
 Village Newsletter  Village Website  Friend or CPA Graduate  Village Newspaper  Other \_\_\_\_\_

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application, and do hereby release all parties and individuals connected therewith from all liabilities and damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate mis-statement or omission of material facts may disqualify me to attend the Citizen's Police Academy. I further understand that the Lombard Police Department will be conducting this training free of costs and that my only obligation is to make every reasonable effort to attend and participate in all sessions. My signature below acknowledges my understanding and agreement with the material provided.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

Please mail or email completed application to:

**DEPUTY CHIEF TOM WIRSING  
 LOMBARD POLICE DEPARTMENT  
 235 E. Wilson  
 Lombard, IL 60148  
 Email Jennifer Wetzel: [WetzelJ@villageoflombard.org](mailto:WetzelJ@villageoflombard.org)**

*Contact Jennifer Wetzel at (630) 873-4462 with any questions.*



## LOMBARD CITIZEN'S POLICE ACADEMY RULES OF CONDUCT

We know you will enjoy the ten weeks of informative sessions, demonstrations, and the optional patrol ride-along. In order to efficiently cover the multitude of topics in this program, the information is presented in a fast-paced, yet comprehensive format. Students will not at any time identify themselves as an employee of the Village of Lombard, or as a police officer trainee.

**DRESS CODE:** Comfortable and casual attire is encouraged; however, cutoffs, tank tops, or similar attire is not permitted. T-shirts with objectionable slogans or graphics are prohibited.

**ATTENDANCE:** You are expected to attend all sessions. We understand that emergencies do occur. If you are unable to attend a session, please call Jennifer Wetzel at 630-873-4462. More than two absences and you will not be allowed to graduate. Out of courtesy to the instructor(s) and your fellow students, please arrive on time.

**VISITORS:** Visitors to a program session must be approved by the class coordinator in advance.

**PLEDGE OF CONFIDENTIALITY:** Students are required to adhere to maintaining confidentiality in regard to law enforcement records and information that you may be exposed to during your training in the academy. Failure to do so will be sufficient cause for dismissal from the academy.

**BREAKS:** Your breaks are scheduled hourly. Please take care of personal matters during the breaks and refrain from leaving the room during the sessions.

**WEAPONS:** Weapons of any kind are prohibited (except those carried by State licensed police officers).

**TOBACCO PRODUCTS:** No smoking or other tobacco use is permitted in the building.

**STUDENT CONDUCT:** All students are expected to behave in a professional manner. Negative or disruptive behavior which impedes the learning environment is not acceptable.

**CELLULAR PHONES/PAGERS:** Please turn off your cellular phone and pagers, or set them to silent/vibrate mode during class sessions.

**WAIVER OF LIABILITY:** All students MUST sign a waiver of liability before participating in the academy.

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Signature

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Date



## LOMBARD POLICE DEPARTMENT WAIVER AND RELEASE

**WHEREAS, I have been accepted by the Village of Lombard Police Department into the Citizen Police Academy and, whereas, the program will include riding in police vehicles and participating in other police activities as directed:**

**NOW, THEREFORE, I hereby, in consideration of my acceptance into the program by the Village of Lombard Police Department do release and waive any and all claims or demands of whatsoever nature which I now have or may in the future acquire against said Village of Lombard together with the officers, agents, servants and employees of the Village of Lombard resulting from my involvement in that program.**

**I further covenant and agree, in consideration of my placement and acceptance, to indemnify and hold harmless said Village of Lombard, their officers, agency and employees from any liability which may be incurred by them or either of them, proximately resulting from any acts by me during such program.**

**I further represent that I am 21 years of age or order, with full understanding of all risks involved and agree that this waiver and release shall be binding upon my heirs, executors, administrators, and assignors.**

NAME	SIGNATURE	DATE