

HUDSON POLICE DEPARTMENT CITIZENS' POLICE ACADEMY

Letter of Application

Name: Last, First, Middle	Date of Birth	
Address	Phone	
City	SSN	
Prior Address (If at your present address for less than 3 years)	Phone	
Your Place of Employment	Phone	
Your Position at your Place of Employment	Phone	
Driver License Number	State	Expiration

I, _____, hereby state that I am a willing volunteer
(Please Print Your Name)
wishing to participate in the Hudson Police Department's Citizens' Police Academy.

I state that I understand that a portion of the Citizens' Police Academy involves practical exercise. I further state that I understand that participation in these practical exercises is totally voluntary on my part, and if chosen to participate, I am doing so at my own risk.

I understand and agree that as a participant in the Citizens' Police Academy, I am not an employee of the Hudson Police Department or the City of Hudson.

I understand and agree that the Hudson Police Department, or its agents, may conduct a background check on me to ascertain any and all information of concern and to determine eligibility for entry into the Citizens' Police Academy. I release the Hudson Police Department and its agents from all liability. I also agree to waive my rights to review or discover the contents of my background check.

I understand and agree that this application in no way obligates the Hudson Police Department to allow my entry into the Citizens' Police Academy. I also understand if selected I will have to pay a fee of **\$25** to the City of Hudson to cover course expenses.

Date

Participant