

# CITY OF GENEVA CITIZEN POLICE ACADEMY



## Get involved with your local police department!

- Who:** Any Geneva resident over the age of 21
- What:** A weekly class providing an overview and insight into how police do their job
- Where:** The Geneva Police Department, 20 Police Plaza, Geneva, Illinois
- When:** Wednesdays from 6 to 9 p.m., starting January 9<sup>th</sup> through March 27<sup>th</sup> 2019
- Why:** To connect with our community members while allowing a behind-the-scenes look into how and why police operate
- How:** Fill out the application and turn it in at the Geneva Police Department by **December 18th**  
**It's free, but space is limited! → DEADLINE EXTENDED! ONLY A FEW SPOTS LEFT!**

Please contact Commander Brian Maduzia – email: [bmaduzia@geneva.il.us](mailto:bmaduzia@geneva.il.us) phone: 630-232-4736



**APPLICANT**

**ALL APPLICANTS MUST BE 21 YEARS OF AGE AND EITHER RESIDE OR WORK IN THE CITY OF GENEVA**

Name (Last, First M.):
Address:
Date of Birth:
Telephone (Home, Cellular, Work):
E-Mail Address:

**OCCUPATIONAL INFORMATION**

Occupation:
Length of Employment:
Place of Employment:
Address:

Have you ever been convicted of a crime other than a traffic offense? YES  NO

If YES, please explain the circumstances to include where, when, and the disposition (use back if necessary):


Please provide a brief explanation of your interest in participating in the Citizen Police Academy:


I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release to the Geneva Police Department 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 from any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizen Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

Signature

Date



**RELEASE OF LIABILITY**

By registering for and participating in this program, you will be waiving your rights to all claims for injuries you may sustain arising out of this program and you will be required to indemnify, hold harmless and defend the Geneva Police Department, City of Geneva and the County of Kane for any claims arising out of participation in the Geneva Police Department Citizens Police Academy program.

---

Print Name

Date

---

Signature

Date

---

**PHOTO RELEASE**

I hereby give my consent to the Geneva Police Department to use photographs, digital images and/or videos of myself in future releases of guides, brochures, websites, social media and/or other promotional purposes. I understand that the Geneva Police Department staff may take photographs/videos of its programs/events at any time and that said coverage is the property of the Geneva Police Department. Following distribution on websites and/or social media, requests for distribution may be honored through the appropriate channels, when possible, but at my expense.

---

Print Name

Date

---

Signature

Date