



MADISON POLICE DEPARTMENT CITIZEN'S ACADEMY APPLICATION FOR ENROLLMENT



NAME: _____

Date of Birth: _____

ADDRESS: _____

PHONE: (w) _____
(h) _____
(c) _____

EMAIL ADDRESS: _____

EMPLOYER: _____

COMMUNITY/GROUP AFFILIATION/PROFESSIONAL MEMBERSHIPS (if any): _____

I am a resident of the City of Madison. Y/N
Do you possess a Driver's License/State ID? Y/N
Have you ever been convicted of a felony? Y/N

Driver's License/ID No. _____

Please be thorough in completing the above information. Students in the Citizen's Academy are occasionally present when confidential matters are witnessed or discussed. It is, therefore, necessary to complete a background check on all candidates.

I authorize the City of Madison Police Department to conduct a background investigation to obtain any information relating to my criminal history record for the purpose of making a determination of eligibility for the Citizen's Police Academy. I also understand I can only take this program one time and if I decide to volunteer, I can be removed from ALL activities if removed from one.

The Citizen's Academy meets each Wednesday for a total of 9 weeks from 6:00 p.m. until 9:00 p.m. (actual dates to be determined). Each student is required to attend all sessions of the Academy. More than 2 absences, excused or unexcused, may result in dismissal from the Academy.

Are you able to meet this type of commitment? Y/N

Why do you wish to attend the Citizen's Police Academy? (Please attach additional pages if needed) _____

How did you hear about the Citizen's Police Academy? _____

Have you previously applied to attend the Citizen's Police Academy? YES NO

Signature: _____ Date: _____

Please mail completed forms to:
Lieutenant John Radovan
Madison Police Department
Citizen's Police Academy Coordinator
210 S. Carroll St.
Madison, WI 53703

If you have any questions about your application, please email jradovan@cityofmadison.com.