

**LAKE COUNTRY CITIZENS ACADEMY
APPLICATION FORM**

Last Name: _____ First Name: _____ Middle Initial: _____

Driver's License #: _____ Date of Birth: ____/____/____ Sex: M F

Street Address: _____

City, State and Zip: _____

Day Phone: _____ Night Phone: _____

Email Address: _____

Have you ever been arrested for anything other than a minor traffic violation?

Yes (explain below) No

Physical condition? Good Limited (Please explain).

“I want to attend the Citizens Academy because...”

Emergency Contact:

Name: _____

Day Phone: _____ Night Phone: _____

Relationship: _____

I understand that a background investigation will be conducted upon submission of this application. Any criminal convictions, any previous actions which could reflect on the Village of Chenequa, City of Delafield, Village of Hartland or Village of Pewaukee Police Departments, any suggestion that I might be a security risk, or any attempt to deceive or conceal pertinent information, will be cause for denial of this application.

Signature: _____ Date: _____

Mail completed and signed application to: City of Delafield Police Department
115 Main St.
Delafield, WI 53018

VILLAGE OF PEWAUKEE
CITY OF DELAFIELD
VILLAGE OF HARTLAND and
VILLAGE OF CHENEQUA POLICE DEPARTMENTS and
LAKE COUNTRY FIRE & RESCUE DEPARTMENT

RELEASE AND INDEMNITY

The undersigned does hereby release and agrees to indemnify and save harmless the Village of Chenequa, City of Delafield, Village of Hartland, Village of Pewaukee Police Departments and the Lake Country Fire & Rescue Department, its officers, agents, employees, official representatives, and its insurers from any and all claims, demands, damages, costs, expenses, actions or causes of action belonging to the undersigned arising out of his/her use or presence upon or within any buildings, properties, vehicles or equipment under the control of the Village of Chenequa, City of Delafield, Village of Hartland or Village of Pewaukee Police Departments, and the Lake Country Fire & Rescue Department.

Date this _____ day of _____, 20____.

Signature

Name: _____ DOB: _____
Print

Address: _____

City, State, ZIP: _____

Telephone: _____

Witness Name: _____
Print

Witness: _____