

LA PORTE POLICE DEPARTMENT
CITIZEN POLICE ACADEMY
Application

Date Completed: _____ Date Received: _____
(Office Use Only)

PERSONAL INFORMATION

Full Name: _____	Date of Birth: _____
Driver's License - State/#: _____	Home Ph#: _____
Home Address: _____	City: _____
Employer: _____	Work Ph#: _____
Work Address: _____	City: _____
Occupation: _____	How Long?: _____
Email Address: _____	Cellular Ph#: _____
How long have you lived in La Porte? _____	Worked in La Porte? _____

PLEASE ANSWER ALL QUESTIONS

(Continue on Second Page if Necessary)

1) Please describe your reason for wanting to attend the Citizen Police Academy

2) Please describe any community involvement or other related activities you have participated in

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Name: _____ Date Completed: _____

3) Have you ever been convicted of a crime other than minor traffic violations? Yes ☐ No ☐

If yes, please explain:

Please provide any additional information you feel may be relevant as we consider your application or use this space to continue your responses to any of the previous questions

Since participants in the Citizen Police Academy will be involved with police ride-a-longs, have access to police facilities and may be exposed to confidential information, your signed acceptance of the following waiver is required for participation in the program.

I HEREBY RELEASE THE CITY OF LA PORTE, THE LA PORTE POLICE DEPARTMENT, AND ALL ITS MEMBERS OF ANY LIABILITY RESULTING FROM ANY ILLNESS OR INJURY INCURRED DURING MY PARTICIPATION IN THE CITIZEN POLICE ACADEMY INCLUDING ANY ILLNESS OR INJURY CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES. I CERTIFY THAT ALL STATEMENTS MADE HEREIN OR OTHERWISE BY ME IN APPLYING FOR THE CITIZEN POLICE ACADEMY ARE TRUE AND CORRECT. I AUTHORIZE THE CITY OF LA PORTE TO INVESTIGATE MY QUALIFICATIONS, EMPLOYMENT, CRIMINAL HISTORY, OR CHARACTER THROUGH INQUIRIES TO ANY SOURCES AND I AUTHORIZE THE RELEASE OF ANY INFORMATION POSSESSED BY ANY LOCAL, STATE OR FEDERAL LAW ENFORCEMENT AGENCY THAT MAINTAINS CRIMINAL HISTORY INFORMATION. I UNDERSTAND AND AGREE THAT ANY MISSTATEMENT OR OMISSION OF ANY MATERIAL FACT WILL CAUSE FORFEITURE OF MY ACCEPTANCE TO, OR CONTINUED PARTICIPATION IN, THE CITIZEN POLICE ACADEMY.

Applicant Signature: _____

Date: _____

RETURN COMPLETED APPLICATION TO:

La Porte Police Department
1206 Michigan Ave.
Attn: Jim Ferguson
La Porte, IN 46350

Or email to:
jferguson@lpcitypd.com