

# 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