

# HUDSON POLICE DEPARTMENT JUNIOR CITIZENS' POLICE ACADEMY

## *Letter of Application*



Participant Name: Last, First Middle

Date of Birth

Address

Phone

City

Entering Grade

Parent Name

Parent Phone

Emergency Contact

Contact Phone

I, \_\_\_\_\_, hereby state that I am a willing volunteer,  
(Please Print Your Name)  
wishing to participate in the Hudson Police Department's Junior Citizens' Police Academy.

I state that I understand that a portion of the Junior 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 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.

Participant Signature

Date

Parent Signature