Town of Manlius Police Department
2020
Citizen's Police Academy

Name (Last, First, MI)			
Maiden or any other name used		Date of Birth	Social Security Number
Address (Street, City, State, Zip)			
Home Phone	Other Phone		E-Mail Address
Place of Employment			Work Phone

Why do you want to attend the Citizen's Police Academy?

Other than a traffic infraction, have you had any negative contact with law enforcement? Yes/No

If yes, explain.

Have you ever been charged with a crime? Yes/No If yes, explain below.

Release & Waiver: As an applicant for the Town of Manlius Police Department Citizen's Police Academy, I am aware of the necessity and I authorize the Town of Manlius Police Department to conduct an inquiry into my criminal history or any other inquiry to determine my suitability to attend the Citizen's Police Academy. I hereby release the Town of Manlius Police Department, Town of Manlius, their agents and employees, or any others they may designate, from any liability or damage which may result from obtaining any and all personal information gathered about me through my voluntary participation in this program. I understand my participation in all portions of the Citizen's Police Academy program is voluntary, I agree to follow academy rules and I assume any and all risk by participating in this program. This release expires one year from the date of my signature below.

I certify that all statements in this form are true, correct and complete to the best of my knowledge. I understand any false information in this form may, if I am accepted, be considered grounds for immediate dismissal from the academy program. I understand all statements are subject to verification.

Signature:_____ **Date:** _____

Director:_____ **Date:** _____

Submit or mail this application by March 2, 2020 to:
Town of Manlius Police Department
One Arkie Albanese Avenue
Manlius, NY 13104
Attention: Investigator Angela Palmer