



# BLOOMINGTON POLICE DEPARTMENT RESIDENTS POLICE ACADEMY APPLICATION

*Print clearly – Please use black ink*

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer: \_\_\_\_\_

**Why are you interested in attending the Residents Police Academy?**

\_\_\_\_\_

**Please list civic activities (past and present) in which you are affiliated.**

\_\_\_\_\_

**Have you ever had any contact with the police other than as a victim or reporter of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain on the back side.**

I understand and accept that the Bloomington Police Department requires a high degree of integrity and confidentiality. I also understand that as a condition of my acceptance into the program I will be subject to a criminal history background check, and I will cooperate in this process as necessary. I understand that participation in any of the Residents Police Academy physical activities is voluntary, and I agree to assume any risks inherent in my participation in such activities. I hereby release and hold harmless the City of Bloomington and its employees, officers and agents from any claim or cause of action which might arise out of any incident connected with, or in any way related to, my participation in the Residents Police Academy. This includes claims for personal injury, property damage and/or any other type of harm or loss.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**