Application for the Fairfield Township Citizen Police Academy

Name		Address	
Phone (home)	Phone (work)	Social Security Number - -	Date of Birth / /
Name of Employer		Address of Employer	

Have you ever been arrested?	Yes	No	(If Yes, please explain below, including the date, charge(s) and location).

Please explain why you are interested in participating in the Citizen Police Academy.

Please check all that apply.	I am a resident of Fairfield Township. ☐	I work in Fairfield Township. ☐	I own a business in Fairfield Township. ☐

Shirt Size: Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large ☐

I, _____, having made application for participation in the Fairfield Township Police Department's Citizen Police Academy, hereby authorize the Township of Fairfield to investigate and to ascertain any and all information which may concern a criminal records check, and including, but not limited to, confidential investigatory material, and/or records involving police or court contact when the applicant was a minor.

I hereby release the custodian of such criminal investigatory records, the Township of Fairfield, and its Division of Police, its agents, employees, and representatives in any capacity, from any and all claims of liability or damage of whatever kind of nature, which at any time could result to me, my heirs, assigns, associates, personal representative(s) of any nature because of compliance by said Division of Police, its employees, agents, or representatives with this Authorization for Release of Information.

_____ _____
Applicant Signature Date

_____ _____
Witness Signature Witness Signature

For Police Department Use Only

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 9	Week 10
☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐