



**ADDISON POLICE DEPARTMENT  
SENIOR CITIZENS POLICE ACADEMY  
APPLICATION FORM**

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give the name of the arresting agency, date of arrest and the charges placed against you:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe why you want to attend this program: \_\_\_\_\_

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I have read the program description for the Addison Senior Citizens Police Academy and understand that this training program will not authorize me to carry a firearm or exercise peace officer powers if I am allowed to participate.

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Signature of Applicant Date

Please return this application and the release of liability to:

Administrative Commander Omar Brucal  
Addison Police Department  
3 Friendship Plaza  
Addison, IL 60101  
OBrucal@addison-il.org