



# MCHENRY COUNTY SHERIFF'S OFFICE

2200 N. Seminary Avenue ▪ Woodstock, Illinois 60098 ▪ p: 815-338-2144  
www.mchenrysheriff.org ▪ sheriff@mchenrycountyil.gov

**BILL PRIM**  
SHERIFF

## CITIZENS POLICE ACADEMY APPLICATION

Please print or type

Applicants must be at least 18 years of age. Preference given to McHenry County residents.

Applicant's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Employer City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Personal Reference: (Non Family Member) \_\_\_\_\_ Phone: \_\_\_\_\_

How long have you known this person: \_\_\_\_\_ Other/ Cell Phone: \_\_\_\_\_

Have you ever participated in a police, fire or emergency services (aka CPA) civilian academy or volunteer program? No \_\_\_\_\_ Yes \_\_\_\_\_ If so, date(s) when: \_\_\_\_\_

Organization(s)? \_\_\_\_\_

Please list name and contact info for the programs administrators: \_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency please contact:

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

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



# MCHENRY COUNTY SHERIFF'S OFFICE

2200 N. Seminary Avenue ▪ Woodstock, Illinois 60098 ▪ p: 815-338-2144  
www.mchenrysheriff.org ▪ sheriff@mchenrycountyil.gov

**BILL PRIM**  
SHERIFF

## CITIZENS POLICE ACADEMY APPLICATION

What do you envision learning from participating in the Citizen's Police Academy (CPA)?

---

---

---

---

Why are you applying to participate in the CPA? \_\_\_\_\_

---

---

---

What do you do in your community, at work and/or your personal life to help others/ better the community?  
(Please share what you would like to) \_\_\_\_\_

---

---

---

---

Is there anything else you would like to share or add? \_\_\_\_\_

---

---

---

Thank you for sharing what you envision of the program to be, so we can better serve you.



# McHENRY COUNTY SHERIFF'S OFFICE

2200 N. Seminary Avenue ▪ Woodstock, Illinois 60098 ▪ p: 815-338-2144  
www.mchenrysheriff.org ▪ sheriff@mchenrycountyil.gov

**BILL PRIM**  
SHERIFF

## CITIZENS POLICE ACADEMY WAIVER OF LIABILITY

I, \_\_\_\_\_, hereby state that I am a willing volunteer wishing to participate in the McHenry County Sheriff's Office Citizen Police Academy.

I state that I understand that a portion of the Citizen Police Academy involves practical exercises. I further state that I understand that participation in said practical exercises is totally voluntary on my part and that if I choose to participate I am doing so at my own risk.

I understand and agree that as a participant in the Citizen Police Academy, I am not an employee of the McHenry County Sheriff's Office, the McHenry County Sheriff, or the County of McHenry.

I understand and agree that this application in no way obligates the McHenry County Sheriff's Office to allow my entry into the Citizen Police Academy.

In signing this application and waiver of liability form, I hereby forever release and hold harmless the McHenry County Sheriff's Office, the Sheriff of McHenry County, County of McHenry, any of his or its officers, employees or agents from any and all liability, damages, suits, claims and demands for damages at law or in equity including, but not limited to, personal injury, death or property damage, which I now have or may have hereafter on account of, or in any way related to, my participation in the McHenry County Sheriff's Office Citizen Police Academy.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



# MCHENRY COUNTY SHERIFF'S OFFICE

2200 N. Seminary Avenue ▪ Woodstock, Illinois 60098 ▪ p: 815-338-2144  
www.mchenrysheriff.org ▪ sheriff@mchenrycountyil.gov

**BILL PRIM**  
SHERIFF

## **CITIZENS POLICE ACADEMY PERMISSION TO CONDUCT A BACKGROUND INVESTIGATION**

As an applicant of the McHenry County Sheriff's Office Citizen Police Academy, I hereby authorize the McHenry County Sheriff's Office to conduct a criminal history background investigation. I understand that all available police and criminal records will be checked and that information will be used in determining eligibility of applicants for the Citizen Police Academy. Applicants with felonies, certain misdemeanor and/or traffic offenses or those who have been arrested by the McHenry County Sheriff's Office are not eligible to participate. Any information given by you to the Sheriff's Office will only be utilized for the limited purpose of facilitating a criminal background check. Once the back ground check is completed this document and all documents generated by the back ground check will be destroyed. I understand that space is limited for individuals to participate in the Academy. Therefore, I agree to attend at least 8 of the 11 scheduled sessions. Additionally, I agree to arrive promptly and to complete and return the evaluation form provided for each session.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed and signed application in person to the front office or mail to:**  
Citizen's Police Academy Applications  
McHenry County Sheriff's Office  
2200 N Seminary Ave.  
Woodstock, IL 60098

---

*Office Use Only*

Date Received \_\_\_\_\_ Criminal History Check complete: \_\_\_\_\_ Application Approved (Circle): Yes No  
Applicant Notified: \_\_\_\_\_ Date: \_\_\_\_\_