



# Simsbury Police Department

933 Hopmeadow Street

P.O. Box 495

Simsbury, CT 06070

**Peter N. Ingvertsen**  
Chief

## CITIZENS' POLICE ACADEMY

### ENROLLMENT APPLICATION FORM

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

Please explain why you wish to enroll in the Simsbury Citizens' Police Academy: \_\_\_\_\_

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How did you hear about the Simsbury Citizens' Police Academy: \_\_\_\_\_

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Please list any medical concerns that would prohibit you from participating in MINOR physical contact during the "HANDS ON" portion of this program: \_\_\_\_\_

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Organization(s) with which you are involved and any awards or recognition you have received:

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Have you ever been arrested/convicted of a crime? If so, explain: \_\_\_\_\_

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NOTE: THE DETERMINATION OF MEDICAL RESTRICTION THAT MAY AFFECT PARTICIPATION IS YOUR RESPONSIBILITY. YOU ARE STRONGLY ADVISED TO SEEK COMPETENT MEDICAL ADVICE ABOUT ANY CONDITION, WHICH MAY CAUSE YOU PROBLEMS. YOUR SIGNATURE ON THIS APPLICATION RELEASES THE SIMSBURY POLICE DEPARTMENT FROM ANY LIABILITY CONCERNING YOUR MEDICAL CONDITION.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_