## Application For Atherton Police Citizens' Academy



Please print or type. The application must be fully completed to be considered.

## Personal Information – Must be 21 years or older

| Name  |               |  |       |     |
|---|---------------|--|-------|-----|
| Address   |               | City   | State | Zip |
| Phone Number  | Mobile Number | Email Address                                    |       |     |
| 1   |               | Why are you interested in the Citizens' Academy? |       |     |
|   |               |  |       |     |
| Signature Disclaimer  |               |  |       |     |
| I understand that my signature authorizes the Atherton Police Department to verify all statements made on this application.   |               |  |       |     |
| In compliance with the Americans with Disabilities Act, those requiring accommodations should notify Jennifer Frew at 650-752-0503 prior to the start of the Citizens' Academy. |               |  |       |     |
| I hereby absolve the Town of Atherton, its employees and officers from all liability, which may arise as the result of my participation in this Academy.                        |               |  |       |     |
| Name (Please Print)   |               | Signature  |       |     |
| Date  |               |  |       |     |



Return the form to Jennifer Frew <u>ifrew@ci.atherton.ca.us</u>