



# LIVONIA POLICE DEPARTMENT

15050 Farmington Road Livonia, MI 48154  
Phone: (734) 466-2470



## Citizen Police Academy Application

(Please fill out this form and return via email or in person)

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

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

City: \_\_\_\_\_ MI Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_

How long have you lived at your address? \_\_\_\_\_

Why do you wish to attend the Academy?

List any clubs or organizations that you belong to:  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been arrested or convicted of a misdemeanor or felony? \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Current Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Past Employer: \_\_\_\_\_

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

City: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Hire Date: \_\_\_\_\_

Have you ever been fired or asked to resign from any job in the last 5 years? \_\_\_\_\_

If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

List one immediate family member or close friend that can be contacted in the event of an emergency:

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

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

Phone Number: \_\_\_\_\_

Please review your answers carefully and read the statement below before signing this application:

I hereby certify that there are no willful misrepresentations, omissions or falsifications in the foregoing statements and answers to questions. I understand that any omission or false statements on this application shall be sufficient cause for rejection from the Livonia Citizen Police Academy. I further understand that the Livonia Police Department will be conducting a thorough background investigation that may include, but not be limited to, any criminal history, employment history and personal references.

I understand that the Citizen Police Academy consists of multiple weeks and remain prepared to fulfill the commitment barring unexpected priorities. I recognize that information will be shared with me regarding police processes, equipment, personnel and tactics that are not commonly shared with the general public. I agree to treat all newly gained knowledge professionally and use discretion when sharing these experiences.

I recognize that the Citizen Police Academy has physically interactive portions where full participation is strongly encouraged for the maximum benefit. I also hereby release the City of Livonia, their agents and/or its employees from all actions, cause of action, damages, claims or demands which I, my heirs, executors or administrators, for all personal injuries known or unknown which I may incur by participating in the Citizen Police Academy.

The Livonia Police Department retains the right to accept or refuse an applicant for any reason. By signing this document, I acknowledge my comprehension of its contents and agree to allow an agent of the Livonia Police Department to conduct a background investigation regarding my suitability for acceptance to the Livonia Citizen Police Academy.

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Applicant Signature

Date

Return completed application:

[citizens.police.academy@livoniapd.com](mailto:citizens.police.academy@livoniapd.com)

or in person at:

Livonia Police Department

15050 Farmington

Livonia, MI 48154

Attention: Lieutenant J. Cammarata

**Livonia Citizen Police Academy  
RELEASE AND HOLD HARMLESS AGREEMENT**

On \_\_\_\_\_, this Release and Hold Harmless Agreement ("Agreement") is entered between the City of Livonia, a Michigan municipal corporation, whose address is 33000 Civic Center Drive, Livonia, Michigan 48154 and \_\_\_\_\_ ("Participant"), whose address is \_\_\_\_\_.

In consideration of the permission granted to me by the City of Livonia, Michigan, to participate in the Citizen Police Academy ("CPA"), I, as a participant ("Participant") in the CPA, hereby execute this Agreement and release the City of Livonia, Michigan, its agents, servants, employees, officers, officials, directors, insurers, successors, assigns and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against the City of Livonia, Michigan and other above-described parties, for all personal injuries known or unknown which I may suffer because of my participation in the CPA. I acknowledge that the CPA's activities may include, but are not limited to, shadowing police officers, riding in patrol cars, and using firearms. As such, I understand that I may be exposed to potentially dangerous situations which could affect my life, health, safety, and welfare.

I further agree to fully indemnify and hold forever harmless the City, and all of its agents, servants, employees, officers, officials, directors, insurers, successors, assigns and all others directly or indirectly related to them, from all liens or claims for reimbursement of any and all damages, including but not limited to, medical expenses and wage loss, arising out of the injuries or damages sustained as a result of any incident which arises out of or is related to the CPA.

I acknowledge that I have read this Agreement and understand all its terms. I further declare that I have had the opportunity to consult with legal counsel relative to this matter and I execute it voluntarily and with full knowledge of its significance.

In witness whereof, I have executed this release the day and year first above written.

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Signature of Participant

Date

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Signature of Witness

Date

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Printed Name of Witness