

**SAGINAW TOWNSHIP POLICE DEPARTMENT
CITIZENS POLICE ACADEMY
APPLICATION AND BACKGROUND WAIVER**

NAME: _____

ADDRESS: _____

PHONE: _____
(HOME) (WORK)

EMPLOYER: _____

DRIVER'S LICENSE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

I HEREBY MAKE APPLICATION TO THE SAGINAW TOWNSHIP POLICE DEPARTMENT'S CITIZENS POLICE ACADEMY. I VOLUNTARILY PROVIDE THE ABOVE INFORMATION FOR THE PURPOSE OF CONDUCTING A CONFIDENTIAL CRIMINAL HISTORY CHECK. I UNDERSTAND AND AGREE THAT THE ACADEMY CONSISTS OF TEN 3-HOUR CLASSES ON WEDNESDAY EVENINGS AND TWO 4-HOUR SATURDAY CLASSES. I UNDERSTAND AND AGREE THAT MY ATTENDANCE IS EXPECTED AT ALL SESSIONS.

I UNDERSTAND THAT, IN ORDER TO ATTEND, I MUST BE A RESIDENT OF SAGINAW TOWNSHIP OR A SAGINAW TOWNSHIP EMPLOYEE AND THAT I MUST BE AT LEAST 18 YEARS OLD.

SIGNATURE

DATE

WITNESS

DATE

*****ALL INFORMATION IS KEPT STRICTLY CONFIDENTIAL*****