

# CHESTERFIELD TOWNSHIP POLICE DEPARTMENT

46525 Continental Drive • Chesterfield • MI • 48047  
Phone: 586-949-2112 • Fax: 586-948-1622  
www.chesterfieldpolice.org



## CHESTERFIELD TOWNSHIP POLICE DEPARTMENT CITIZENS' POLICE ACADEMY APPLICATION

**September 6 - November 15 2017**

**I would like to attend the Chesterfield Township Police Department Citizens' Academy.  
I am 18 years of age or older and a Chesterfield Township resident or business owner.**

Full Name (as appears on driver's license): \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Home or Business Address: \_\_\_\_\_  
Street City Zip

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

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Why do you want to attend the Academy?  
\_\_\_\_\_  
\_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

Have you ever been convicted of a Felony? \_\_\_\_\_

Have you been convicted of a misdemeanor in the last 4 years? \_\_\_\_\_

**I hereby give voluntary consent to the Chesterfield Township Police Department to conduct a background check on me. I understand that any false statements on this application shall be cause for exclusion from the Chesterfield Township Citizens' Police Academy. I understand a background check will be completed and applicants with a felony conviction or a misdemeanor conviction within the last 4 years will be excluded from the program. I further understand my application may be rejected for any reason.**

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

\_\_\_\_\_  
Date

Return completed application by **AUGUST 11, 2017** to:

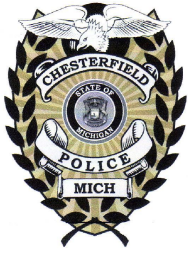
**ATTN: Officer DePape- Citizens' Police Academy**

Chesterfield Township Police Department

46525 Continental Dr

Chesterfield Township, MI 48047

If you are a selected applicant you will be notified in writing by the Chief of Police and will be contacted to set up an appointment to be fingerprinted.



*Chesterfield Township Police Department*  
Citizens' Police Academy

**Emergency Contact Information**

Please Print Neatly!

**Your Name:** \_\_\_\_\_

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

**Emergency Contact Name #1:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone or alternate number: \_\_\_\_\_

**Emergency Contact Name #2:** \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cellular Phone or alternate number: \_\_\_\_\_

Are you taking any medications? Check one:    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, what medications? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do have any allergies? Check one:    Yes \_\_\_\_\_    No \_\_\_\_\_

If yes, what allergies? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do have any medical conditions? Check one: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medical conditions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**OPTIONAL**

**Chesterfield Police Department**

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Chesterfield, MI 48047-5207

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[www.chesterfieldpolice.org](http://www.chesterfieldpolice.org)

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

\_\_\_\_\_  
Date of Birth

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

\_\_\_\_\_  
Complete Address

\_\_\_\_\_  
Reason for Ride Along

**Ride Along Release and Indemnity Agreement**

The undersigned has voluntarily elected to ride as a passenger in the Police Department vehicles of the Township of Chesterfield Police Department, and to accompany police officers while engaged in the performance of their duties to study and observe for his or her own benefit the functions and operations of the Police Department and its personnel;

The undersigned further desires to do so at his or her own risk, recognizing the possible and inherent danger to his or her person and property;

In consideration of the premises and other good and valuable consideration, the undersigned does hereby, for himself or herself, his wife, or her husband, heirs, executor or administrator, and personal representatives;

(a) Assume full responsibility for any personal injury or damage to his or her person or property which may occur, directly or indirectly, while in, on or about any such Police Department vehicle, the Police Department's premises, or while accompanying any police officers while in performance of their duties;

(b) Fully and forever release and discharge the Township of Chesterfield, its agents and employees, from any and all claims, demands, damages, rights of action, or causes of action, present or future whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned's being in, on or about any such Police Department vehicle, or at any or all of the premises and places aforesaid, or while accompanying, any police officers of the Township of Chesterfield as aforesaid;

(c) Indemnify and hold harmless the Township of Chesterfield, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in or about any such Police Department vehicles or at any or all premises and places aforesaid, or while accompanying any such police officer as aforesaid;

(d) Agree to defend and pay any costs or attorney's fees as a result of any action brought by or against the Township of Chesterfield, its agents and employees, for any act or conduct of the undersigned of whatever kind or nature whatsoever, while in, on or about any such Police Department vehicles or at any or all of the premises and places aforesaid, or while accompanying any such police officer as aforesaid; and

(e) Agree that it is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution hereof.

\_\_\_\_\_  
Ride-Along

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date and Time of Ride-Along

\_\_\_\_\_  
Operations Commander

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief of Police

\_\_\_\_\_  
Date

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## Ride Along Information Form

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Address \_\_\_\_\_

Primary Phone Number \_\_\_\_\_ Alternate \_\_\_\_\_

Primary Doctor \_\_\_\_\_ City \_\_\_\_\_

Phone number \_\_\_\_\_

Any known allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Do you take any medication? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Representative \_\_\_\_\_ Date \_\_\_\_\_