



Citizens' Public Safety Academy 2025 Application

Class will meet Wednesdays October 1st – November 5th, 2025

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

Full Name (as it appears on driver's license): _____

Driver's License #: _____ Date of Birth: _____

Home or Business Address: _____
Street City Zip

Business Name: _____

Occupation: _____ Position: _____

Daytime Phone: (____) _____ Email: _____

Why do you want to attend the Academy?

T-shirt Size: _____

Have you ever been convicted of a felony? _____

Have you ever been convicted of a misdemeanor in the last 4 years? _____

I hereby give voluntary consent to the Chesterfield Township Public Safety 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' Public Safety 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

CHESTERFIELD PUBLIC SAFETY DEPARTMENT

46525 Continental Dr. • Chesterfield Township • Michigan • 48047



Return completed application by **Friday, September 5, 2025**, to:

Citizens' Public Safety Academy
Chesterfield Township Police Department
46525 Continental Drive
Chesterfield, MI 48047

or email to tjacobs@chesterfieldpolice.org

Only selected applicants will be notified and will be subject to having their fingerprints taken prior to the start of the academy.



Citizens' Public Safety Academy 2025

Emergency Contact Information

Please print neatly.

Name: _____

Date of Birth: _____

Emergency Contact Name #1: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile or Alternate Number: _____

Emergency Contact Name #2: _____

Address: _____

Home Phone: _____

Work Phone: _____

Mobile or Alternate Number: _____

Are you taking any medications? Check one: Yes _____ No _____

If yes, what medications? _____

Do you have any allergies? Check one: Yes _____ No _____

If yes, what allergies? _____

Do you have any medical conditions? Check one: Yes _____ No _____

If yes, what medical conditions? _____
