



**FIRST RESPONDER ACADEMY  
APPLICATION FORM**  
*Sponsored by:*  
**ADDISON POLICE DEPARTMENT  
ADDISON FIRE DISTRICT**

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Driver's License Number \_\_\_\_\_

Business or Occupation \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, give the name of the arresting agency, date of arrest and the charges placed against you:

[Other side]

Please describe why you want to attend this program:

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## **Addison Police Department Waiver of Liability**

The information provided throughout this application form is factual and accurate. I authorize the Addison Police Department to run a criminal history check as part of the background investigation. I have read the program description for the Addison First Responder Academy and understand that this training program will not authorize me to carry a firearm or exercise peace officer powers if I am allowed to participate.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this signed application and the release of liability to:

Sergeant Brian Lindstrom  
Addison Police Department  
3 Friendship Plaza  
Addison, IL 60101