 **DUNN POLICE DEPARTMENT**  

**CITIZEN’S POLICE ACADEMY**

**REGISTRATION FORM**

**Date of Application: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Full Name:** (first)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (middle)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (last)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth:** (mm/dd/yyyy)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_**

**Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:** (personal) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_**

**Current Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Can you fulfill the commitment to attend all classes for the duration of the Citizen’s Police Academy that will be held for a 6-week period every Tuesday evening from 6:00pm- 8:00pm beginning on August 5th, 2025, and concluding on Sept 9th, 2025.

Initial: \_\_\_\_\_\_\_\_\_

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**Questionnaire:**

1. Why do you wish to participate in this program?
2. Is there a specific Law Enforcement topic of interest that you would like included in the Citizen’s Police Academy?
3. How do you feel Dunn Police Department Citizen’s Academy will benefit you?
4. How did you hear about the Citizen’s Academy?
5. What is your t-shirt size (please circle one)?

Small Medium Large X-Large 2X-Large



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**Acceptance Requirements:**

* I understand and consent to a standard background check using the information I have provided.
* I understand I must be at least 18 years of age to participate in this program.
* I understand that a prior ***felony conviction*** will prohibit my participation in this program.
* I understand that my application will be rejected automatically if it is incomplete.
* I understand that the information obtained will be kept confidential.
* I acknowledge that the Academy Coordinator reserves the right to revoke my involvement in this Academy if deemed necessary based on inappropriate behaviors during the duration of the Academy.

Initials stating you agree: \_\_\_\_\_

**Release of Liability Participation in the Dunn Police Department Citizens Academy.** I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ agree to assume any and all liability and hold the City of Dunn, the Dunn Police Department, its officers, employees and agents harmless from all claims or actions which I ever had, now have, or may have in the future or any liability for injuries or damages which occur to me as a result of my participation in the DPD Citizen's Police Academy. I expressly waive all claims for medical expenses, loss of services, or other claims to which I may otherwise be entitled, and I agree to indemnify and hold harmless the City of Dunn, the Dunn Police Department, its officers, employees, and agents from all claims made by third parties against it or them which result from my activities with the DPD Citizen's Police Academy. I understand that the City of Dunn, the Dunn Police Department, its officers, employees, and agents are not waiving any sovereign or governmental immunity which it or they have under North Carolina law.

**Authorization of Information Release**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ certify that all statements made on this application are true and complete to the best of my knowledge. I authorize any individual, company, organization or institution to release any and all information concerning statements made by me on this application and do hereby release all parties and individuals connected therewith from all liability for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the DPD Citizen's Police Academy. My signature below acknowledges my understanding and agreement with material provided. I give permission for the Dunn Police Department to do a criminal background check with the information that I have provided. I have read and understand this release and sign it voluntarily and with full knowledge of its significance.

**Applicant Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Completed applications should be emailed or hand-delivered to the following address before the first class: Dunn Police Department (401 E. Broad Street, Dunn NC 28334)**

Sgt. Jenny Dixon, Citizen’s Academy Coordinator

(910) 605-2392 (phone) / jdixon@dunn-nc.org (email)

(910) 230-3592 (fax)- attn: Citizen Police Academy  [end of application]

(office use only)

Application Reviewed by Coordinator:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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