



" LEADING THE WAY TO A SAFER COMMUNITY "

**Woodbridge Township Police Department
Civilian Observer/ Senior Citizen Academy**

Application/Rules/Assumption of Risk

Name (Last): _____ (First) _____ (MI) _____

Address: _____ (City) _____ (Zip) _____

Phone: _____ Email: _____

(Will only be used by PD for contact purpose. Will not be given out)

Retired: YES__ NO__ D.O.B.: _____ Age: ____ M__ F__ S.S. # _____

Driver's License #: _____ State: _____ Zip Code: _____

Please give us your *T-Shirt* Size: *Small* () *Medium* () *Large* () *XL* () *XXL* ()

Have you ever been convicted of a crime? Yes__ No__ If **yes** please explain: _____

Can you fulfill the commitment to attend all classes for the duration of the Senior Citizens' Police Academy?
Yes__ No__ If **no** please explain _____

Is there a Law Enforcement topic of interest that you would like included in the program? _____

I agree to abide by the following rules of the Civilian Observer/Senior Citizens' Police Academy, and authorize the Woodbridge Police Department to conduct a driver's license and criminal history check to determine eligibility for participation in the program.

Application must be made to the Office of The Police Director at least seven days prior to the start of the program.

Applicants must be in good health, have a valid driver's license, and have NO criminal record.

I agree that I shall not communicate with any suspect or prisoner and must remain silent at the scene of any criminal act while participating in the Civilian Observer Program, and no recording devices are to be used at any time.

I understand the dangers involved in police work and understand that I may be exposed to such dangers, including but not limited to those risks to passengers riding in marked or unmarked police vehicles while responding to calls of service, as well as incidentally coming across occurrences of an emergency or criminal nature.

I hereby make application for the Senior Citizen/ Civilian Observer Program Hosted by the Woodbridge Township Police Department.

Signature: _____

Date: _____

Time: _____