



*City of Gaithersburg
Police Department*

CITIZEN POLICE ACADEMY REGISTRATION

FULL NAME: _____ DATE OF BIRTH: ____/____/____

ADDRESS: _____

HOME PHONE NUMBER (____) _____ WORK #: (____) _____

CELL #: (____) _____ EMAIL: _____

- The Gaithersburg Police Department complies with all applicable provisions of the Americans with Disabilities Act. Please advise whether you will need reasonable accommodation.

- By signing this registration form, I fully understand that if I am accepted into the training program, the training will not and does not entitle me to take any police actions. I also understand that at all times during the training I am a private citizen and **not** an employee of the Gaithersburg Police Department. I further understand that this training will be provided free of charge to me and that I will not be monetarily compensated for my attendance. I also understand that in order to participate in this program I freely give consent for representatives of the Gaithersburg Police Department to check for any criminal records that may be on file under my name and date of birth. I also understand that in order to graduate from the program, I must participate in group projects and have overall good attendance.

Participant Signature: _____ Date: ____/____/____

Parent Signature (if participant is a minor): _____ Date: ____/____/____