
CALUMET CITY POLICE

Kevin Kolosh
CHIEF OF POLICE

1200 PULASKI ROAD
CALUMET CITY IL. 60409
(708) 868-2500

Thaddeus Jones
MAYOR

Citizens Police Academy Application for Participation

Please Print

Name: _____
Last Name First Name MI

Address: _____
Street City State ZIP

Date of Birth: ____/____/____ Telephone Number: (____) ____ - ____

Driver's License #: _____ State: _____

E-Mail Address: _____

How long have you lived at present address: Years: _____ Months: _____

Previous Address, if less than 5 years:

Street City State ZIP

Occupation: _____ Employer: _____

Employers Address City State ZIP

Telephone #: _____ Length of Employment: _____

All applicants MUST be at least 21 years of age, reside and/or work in the City of Calumet City.

Class size is limited and applications will be processed in the order they are received.

All information on the above application is true and accurate. I authorize the Calumet City Police Department to conduct a background check based on this application.

Signature Date

* Submission of the application does not guarantee selection to participate*
**Completed Applications can be dropped off at the Calumet City Police Department or
emailed to communitypolicing@calumetcity.org
APPLICATION DEADLINE: FEBRUARY 28, 2025**

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Thaddeus Jones
MAYOR

Hold-Harmless Agreement

Please Print Clearly

Name: _____
Last Name First Name MI

Address: _____
Numbers Street City State ZIP

Date of Birth: ____ / ____ / ____ Driver's License #: _____ State: _____

In consideration of the benefits I will receive from my participation in the Calumet City Police Department Citizen Police Academy sponsored by the Calumet City Police Department, I do hereby release the City of Calumet City, its police officers, public officials, agents and employees from any and all liability, claims, demands, actions and causes of action which I may hereafter have on account of any and all injuries and damage to me or to my property, arising out of or related to any happening or occurrence while I am participating in the academy, and do voluntarily agree to a background check to confirm my suitability for participation. For the same consideration, I agree to forever hold the City of Calumet City and said persons harmless from any such liability, claims, demands, actions or causes of action.

The terms shall be in full force and effect during the period of my participation in the Calumet City Police Departments Citizens Police Academy.

Signature

Date