



Southwestern Illinois College Police Academy
2500 Carlyle Avenue. Belleville, IL. (618) 235-2700 ext. 5396

Application for Admission
80 Hour Transition Officers
(Please Print Legibly)

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: () _____ **Cell Phone** () _____ **PTB ID** _____
Area Code Number Area Code Number

E-Mail Address: _____

Chief/Sheriff: _____

Department: _____

Address: _____
Street City State Zip

Phone: () _____
Area Code Number

Chief/Sheriff E-Mail Address: _____

X

Signature of Department Head

Office Use Only

Application _____ Indemnification Agreement _____ Proof of Residency _____

Southwestern Illinois College



Please complete and return with registration form.

Indemnification Agreement

It is hereby agreed that in consideration of one of its employee,

(Name)

being granted the opportunity of participating and engaging in police training, operations, functions and other activities sanctioned by Southwestern Illinois College,

(Department/ Agency)

employing the above named trainee shall hold the Southwestern Illinois College harmless as to any injuries or damages incurred by said trainee as a result of such police training, operations, functions and other activities sanctioned by Southwestern Illinois College, regardless of fault or negligence on the part of any official or employee of Southwestern Illinois College, and shall further agree to indemnify the Southwestern Illinois College in full amount as to any judgement or claim awarded to said police trainee, his heirs, dependents and assigns for such injuries or damages sustained by said trainee during the official course of his temporary assignment to Southwestern Illinois College Police Academy.

It is further agreed that should suit or claim be filed by said trainee alleging injury or damage as a result of said Southwestern Illinois College police training, operations, functions or other activities sanctioned by Southwestern Illinois College, reasonable notice of such suit or claim will be given to the employing Department or Agency of the Affected trainee.

IN WITNESS WHEREOF, the undersigned has affixed his hand and seal at _____, Illinois, this _____ day of _____.
A.D., 20_____.

(Signature)

(Type in Name)

(Title/Office)

Note: This agreement must be signed by an official of the local governmental entity or by an official of the agency involved who has the legal power to enter into such as agreement.