



CITY OF MADISON POLICE DEPARTMENT



COMMUNITY ACADEMY APPLICATION

Please fill out all the fields below and return your completed application, along with the waiver of liability, via email to [lnovitzke@cityofmadison.com](mailto:lnovitzke@cityofmadison.com)

First Name:	
Last Name:	
Email Address:	
Phone Number:	

- I confirm I am at least 18 years of age
- By completing this form, I agree to attend all the sessions:
  - Wednesday, March 5, 2025 6:00 – 9:00 PM
  - Wednesday, March 12, 2025 6:00 – 9:00 PM
  - Wednesday, March 19, 2025 6:00 – 9:00 PM
  - Wednesday, March 26, 2025 6:00 – 9:00 PM