



City of Rochelle Citizens Academy  
Fall 2022 Application

The City of Rochelle Citizens Academy is a great way to learn about the City, the services delivered that impact your quality of life and staff's commitment to serving the community. This ten-week program covers a wide range of topics focusing on various departments including Police and Fire, Rochelle Municipal Utilities and Community & Economic Development. Participants will learn about how the City works through hands-on activities, facility tours and more.

This program will run for ten Thursdays, August 4- October 6, from 5:30 - 8:00 p.m.  
The fall academy class size will be capped at 20 participants.

More about the program and applying:

- This is a free program.
- A complimentary meal will be provided at each session.
- Applicants must be 18 or older. 16+ with parental permission.
- Participants are expected to attend every session and may only have two absences to graduate from the program.
- Applications **must be submitted by June 22nd** to Jenny Thompson [jthompson@rochelleil.us](mailto:jthompson@rochelleil.us) or PO Box 601, Rochelle IL 61068

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Shirt Size (Polo):** \_\_\_\_\_

Why are you interested in attending the City of Rochelle Citizens Academy and what do you hope to gain from the experience?

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**WAIVER, RELEASE AND CONSENT FOR DISCLOSURE**

I have personally read and answered every question and affirm that every answer is complete and accurate. I hereby authorize the Rochelle Police Department to conduct a background investigation (Including criminal, traffic, and other records) and to make said investigation available to City officials.

I understand that my participation in the City of Rochelle Citizens Academy will be within the complete discretion of the City of Rochelle, its officers, employees, or agents and that there has been no implied or expressed guarantee that by submitting this application that I will be accepted into this program. I further understand that if accepted into the Citizens Academy, that I may be removed from the program at any time and for any reason by the City Manager, his officers, employees, or agents. I also understand that if accepted into the Citizens Academy, that I will not be considered an employee of the City of Rochelle nor will I have any rights, benefits or privileges associated with such employment.

I further understand that if I am chosen to participate in the Citizens Academy that such participation is voluntary and will be at my own risk. I agree to assume full responsibility for my own safety and well-being at all times and under all circumstances while I am participating in the Citizens Academy and will follow all staff direction regarding safety protocols. I further agree to release, waive, and discharge the City of Rochelle, its officers, employees and agents from any and all liability to myself, the undersigned, my heirs, dependents and assigns for any and all claims, demands, losses or damages that may arise from any injury, including permanent disability and death, or damage to property that results from or is alleged to have resulted from the undersigned's participation in the Citizens Academy or from the actions of the City of Rochelle, its officers, employees or agents.

I further agree that in consideration for being allowed to participate in the Citizens Academy, that employees and representatives of the City of Rochelle will have my permission to photograph or videotape me and to use, reproduce and distribute, without restriction, images of my likeness and my name in their publications, internet web sites, social media, displays, and news releases. I further hereby unconditionally release and hold harmless the City of Rochelle, its officers, employees, or agents from any and all causes of action that may result from the creation, production or distribution of any media materials containing images of my likeness, voice or name.

I HAVE READ THE ABOVE AND UNDERSTAND THAT BY SIGNING THIS WAIVER, RELEASE AND CONSENT FOR DISCLOSURE, THAT I WILL BE BOUND BY ITS TERMS.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
(Print name)

**For Ages 16 & 17:**

Name of Minor: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian for Minor(s)      Date signed \_\_\_\_/\_\_\_\_/\_\_\_\_