## APPLICATION FOR """PAGE POLICE DEPARTMENT!'CITIZEN'S POLICE ACADEMY

Page Police Department Tim Lange, Chief of Police

## **ENTRANCE REQUIREMENTS:**

Applicant must be at least 18 years old

Applicant must have no prior felony arrests or convictions.

Applicant must have no misdeme	eanor arrests or convictions within the last	12 months.	
1. Full Name:	<del></del>		
Last (As it appears on driver's lic	First cense)		Middle
2. Maiden name or alias:			Gender:
Social Security Number:		Date of Birth:	
4. Address: Street - Apt. #	City	State	Zip Code
5. Previous addresses: (list all pre	evious addresses for last 5 years, includin	g dates. Use separate	sheet if necessary)
		Dates:	to
· <del></del>		Dates:	to
6. Other states you have lived in	·		
7. Phone - Home:	Office:	Mobile: _	
Email address:			
Expiration Date:	Is this license curre	ently valid: Yes:	No:
9. Have you ever been arrested	or convicted of any felony?	Yes:	No:
If YES explain where, when a	and disposition:		
10. Place of Employment:			
Address:			
Street	City	Sta	te Zip Code
Duties Performed:			
institution to release any and all a and I do hereby release all partie furnishing such information. I ag	on this application are true and complete. available information relating to me or cones and individuals connected therewith from the and understand that any deliberate much citizen's Academy Training. My signature d.	cerning statements ma m all liabilities for any d iisstatement or omissio	de by me on this application, amages whatsoever incurred n of material facts may
Signature	D	ate	

Privacy Act Notice: This application form for the Citizen Police Academy requests your social security number. Disclosing your social security number on these forms is voluntary, however we retain the right to reject an applicant if we are unable to obtain an adequate background check. The request is made pursuant to our practice of requiring program participants to undergo a criminal history record check and using their social security numbers along with other identifying information to conduct criminal history record checks on them. This information is necessary for us to obtain accurate criminal history record information and will be used only for that purpose. Signing above indicates that you have read and understand that your social security number will be used by us to obtain access to your criminal history record information

## **WAIVER AND RELEASE**

l <u>,</u>	in return for the opportunity to participate in the
CITIZEN'S ACADEMY, he	reby release and acquit the Page Police Department and the City of Page, and
any of its servants, employ	rees, agents or volunteers from any and all liability claims, causes of action,
claims or demands, includ	ng but not limited to a claim for death, which I may hereafter have because of
my injury, death or damag	e to person or property while participating in activities of the CITIZEN'S
ACADEMY, such activities	, some of which may be inherently dangerous, may include but are not limited
to search and rescue, field	trips, including visits to detention and correctional facilities, traffic
enforcement, DUI enforcer	ment, investigation of crimes and introduction to and use of tools used by law
enforcement.	

I understand that participating in the CITIZEN'S ACADEMY activities contains danger and risk of injury or death, and that I am under no obligation to participate in any particular activity. By participating in the CITIZEN'S ACADEMY and in a particular activity, I understand that I am voluntarily choosing to accept any and all risks which may arise from my participation in the CITIZEN'S ACADEMY and the particular activities.

This waiver, release and discharge includes all claims arising from and by reason of any and all known and unknown, foreseen or unforeseen, bodily and personal injures or death, or damage to property which may be sustained by me or any and all other persons, associations or corporations, whether named or not, arising out of my participation in the CITIZEN'S ACADEMY.

I grant this waiver and release voluntarily.

The Undersigned hereby releases, waives, discharges and covenants not to sue Page Police Department and the City of Page and any of its servants, employees, agents or volunteers for all loss or damage on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of releasees or otherwise, while the undersigned is participating in the CITIZEN'S ACADEMY.

The undersigned expressly acknowledges that the activities of the event may be very dangerous and involve the risk of serious injury and/or death and/or property damage. The undersigned expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees.

## PLEASE READ CAREFULLY BEFORE SIGNING

I, <u>/s/</u>	have read this Release and Waiver and understand its terms,
acknowledge the danger and risk associated	with these activities, and accept the terms of the Release and
Waiver and voluntarily assume the risk of par	ticipating. (I understand that typing my name constitutes a legal
signature	