## APPLICATION FOR .....BCFH<9FB'5F=NCB5'®K'9B: CF79A9BH!'CITIZEN'S POLICE ACADEMY

Flagstaff Police Department Kevin Treadway, Chief Coconino County Sheriff's Office Jim Driscoll, Sheriff Arizona Department of Public Safety Frank Milstead, Director

Northern Arizona University Police Department GT Fowler, Chief

## **ENTRANCE REQUIREMENTS:**

Applicant must be at least 18 years old or 16 years accompanied by a parent / guardian. Applicant must have no prior felony arrests or convictions.

Applicant must have no misdemea	nor arrests or convictions within th	e last 12 months.		
Full Name: Last  (As it appears on driver's lice)	First		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 prev	•		•	
		Dates:	to	
		Dates:	to	
6. Other states you have lived in: _	<del></del>			
7. Phone - Home:	Office:	Mobile: _	Mobile:	
Email address:		· · · · · · · · · · · · · · · · · · ·		
8. Driver's License: No. & State: _		Class:		
Expiration Date:	Is this license	e currently valid: Yes:	No:	
9. Have you ever been arrested or convicted of any felony?		Yes:	No:	
If YES explain where, when and	d disposition:			
10. Place of Employment:				
Address:				
Street	(	City Sta	te Zip Code	
Duties Performed:				
I certify that all statements made or institution to release any and all availand I do hereby release all parties afurnishing such information. I agreed disqualify me from attending the Ciagreement with material provided.	ailable information relating to me or and individuals connected therew se and understand that any deliber	or concerning statements ma ith from all liabilities for any c rate misstatement or omission	de by me on this application, damages whatsoever incurred on of material facts may	
Signature		Date		

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**

In return for the opportunity to participate in the CITIZENS'ACADEMY, hereby release and acquit Coconino County, the Coconino County Sheriff's Office and their employees, the Flagstaff Police Department and the City of Flagstaff, an Arizona municipal corporation, the state of Arizona, and the Arizona Department of Public Safety, and any of its servants, employees, agents or volunteers from any and all liability claims, causes of action, claims or demands, including but not limited to a claim for death, which I may hereafter have because of my injury, death or damage 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 enforcement, 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 Coconino County, the Coconino County Sheriff's Office and their employees, the Flagstaff Police Department and the City of Flagstaff, an Arizona municipal corporation, 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 a	ssociated with these activities, and accept the terms of the Release and
Waiver and voluntarily assume the	risk of participating. (I understand that typing my name constitutes a legal
signature	