



SWEET HOME POLICE DEPARTMENT

1950 Main Street
Sweet Home OR 97386
SHPD@ci.sweet-home.or.us

Release, Indemnification and Hold Harmless Agreement for Sweet Home Police Department's Citizen's Academy

The undersigned, in consideration for the privilege of being a participant in the Sweet Home Police Department's Citizen's Academy and recognizing that such activity involves certain inherent risks and dangers, does hereby agree to assume the risks attendant to all activities associated with participation in the Citizen's Academy of the Sweet Home Police Department.

The undersigned for him/herself, legal representatives, heirs and assigns does hereby release, waive and discharge the Sweet Home Police Department's Citizen's Academy, its police officers, agents and employees from any liability for any loss or damage or any claim or damages resulting from my participation in the Citizen's Police Academy of the Sweet Home Police Department. In any resulting injury to my person or property, whether caused by negligence of the Sweet Home Police Department, its police officers, agents and employees, or otherwise, while I am participating in the Citizen's Police Academy of the Sweet Home Police Department.

The undersigned hereby agrees to indemnify, defend and hold harmless the Sweet Home Police Department, its police officers, agents and employees from any and all claims, losses, damages, causes of action and liability, including all expenses of litigation for injury to myself or any person or loss of property arising out of my participation in the Citizen's Police Academy of the Sweet Home Police Department.

Dated this _____ day of _____ 20_____

Volunteer Applicant's Signature



SWEET HOME POLICE DEPARTMENT

1950 Main Street
Sweet Home OR 97386
SHPD@ci.sweet-home.or.us

Citizen's Academy Application

(Please print in ink)

Name _____ Date of Application _____

Last, First, Middle

Address _____ Date of birth _____

City, State, Zip

Driver's License # _____ State _____

Home Phone _____ Work phone _____

Cell Phone _____ E-Mail: _____

Other names you use or have used _____

Currently Retired Employed, if employed, please complete the information below

Employer _____ Occupation _____

Employer's Address _____

If retired, previous occupation _____

Please briefly list or describe any civic activities/organizations you are involved in.

Have you ever been arrested for any offense? Yes No

If yes, what for? _____

When? _____ Where? _____

What experience have you had with law enforcement? _____

Was your experience Positive Negative

Briefly explain: _____

Briefly explain your interest in the Citizen's Academy _____

What do you expect to gain from attending the Citizen's Academy? _____

Will you be able to attend at least 5 of the class sessions? Yes No

List a person to be contacted in case of emergency during your attendance at the Citizen's Academy.

Name _____ Address _____

Relationship _____ Phone Number _____

Would you like to be considered for a volunteer position with SHPD after the academy? Yes No

If yes, what interests, skills, knowledge, and experiences do you have to offer and what are your preferences?

List Skills: _____

Indicate Interest(s): Citizen's Academy, Peer Court, Neighborhood Watch, Safety Event, general office work, other:

I hereby certify that the information contained in the application is true and complete to the best of my knowledge. You are hereby authorized to make any investigation of my personal history deemed necessary for consideration to attend the Citizen's Academy.

Signature of Volunteer Applicant

Date

Statement of Confidentiality

Confidentiality is the preservation of privileged information that is disclosed in a professional working relationship. All specific personal information regarding anyone, whether staff or citizen, must remain confidential. General information, policy statements or statistical material that is not identified with any individual is not considered confidential.

My signature below certifies that I have read the above and discussed these Standards of Professionalism with the Citizen's Academy Coordinator.

Signature of Volunteer Applicant

Date

Citizen's Academy Coordinator

Date