

**CLATSOP COUNTY CITIZEN POLICE ACADEMY
APPLICATION FOR ADMISSION**

Name: _____
Last First Middle Maiden/other

Date of Birth: _____ **Sex:** _____

Social Security Number: _____

Address: _____

Home Phone: _____

Work Phone: _____

Drivers License Number: _____ **State:** _____

Occupation: _____ **Employer:** _____

Have you ever been arrested for a crime other than traffic offenses? **Yes** _____ **No** _____

If yes, please explain: _____

Emergency Contact: _____ **Phone:** _____

How did you hear about the Academy? _____

What do you expect to gain from attending this Academy? _____

What experience have you had with police? Do you consider these experiences to be positive or negative? _____

**RELEASE, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT FOR
CLATSOP COUNTY CITIZEN POLICE ACADEMY**

The undersigned, in consideration for the privilege of being a participant in the Citizen Police Academy of the Cities of Seaside, Gearhart, Cannon Beach, Warrenton, Astoria, and County of Clatsop, 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 Police Academy of the Cities of Seaside, Gearhart, Cannon Beach, Warrenton, Astoria, and County of Clatsop.

The undersigned for him/herself, legal representatives, heirs and assigns does hereby release, waive and discharge the Cities of Seaside, Gearhart, Cannon Beach, Warrenton, Astoria, and County of Clatsop, its officers, agents and employees for any liability for any loss or damage or any claim or damages resulting from my participation in the Citizen Police Academy of the Cities of Seaside, Gearhart, Cannon Beach, Warrenton, Astoria, and County of Clatsop on account of any injury to me or my property, whether caused by negligence of the Cities of Seaside, Gearhart, Cannon Beach, Warrenton, Astoria and County of Clatsop its officers, agents and employees, or otherwise, while participating in the Citizen Police Academy of the Cities of Seaside, Gearhart, Cannon Beach, Warrenton, Astoria and County of Clatsop.

The undersigned hereby agrees to indemnify, defend and hold harmless the Cities of Seaside, Gearhart, Cannon Beach, Warrenton, Astoria and County of Clatsop, its officers, agents and employees from any and all claims, losses, damages, causes of action, and liability, including all expense of litigation for injury to any person or loss of property arising out of my participation in the Citizen Police Academy of the Cities of Seaside, Gearhart, Cannon Beach, Warrenton, Astoria and County of Clatsop.

Dated this _____ day of _____, 20_____

Signature

Print Name

AUTHORITY TO CONDUCT BACKGROUND INVESTIGATION

As an applicant to participate in the Clatsop County Citizen Police Academy, I hereby authorize the City of Cannon Beach Police Department to conduct a criminal history background investigation. I understand that such background investigation is being conducted due to the content of the classes given at the Academy.

I understand that available police and criminal records will be checked and that the information will be used in the determining my eligibility for the Citizen Police Academy. All information will remain confidential as provided by Oregon and Federal Statutes.

Signature

Date

Print Name

STUDENT AGREEMENT

I understand that space is limited, allowing only thirty students to participate in the Citizen Police Academy. Therefore, I agree to attend at least 7 of the 9 scheduled sessions. Additionally, I agree to arrive promptly and to complete and return the evaluation form provided for each session.

Signature

Date

Print Name