



APPLICATION FOR CITIZENS POLICE ACADEMY

NAME: _____ / _____ / _____
(Last) (First) (Middle)

ADDRESS: _____
(Number/Street/Apt/City/State/Zip Code)

HOME PHONE: _____ OTHER PHONE: _____ D.O.B.: _____

SOCIAL SECURITY #: _____ DRIVER'S LICENSE #: _____ STATE: _____

EMPLOYER/OCCUPATION: _____

EMPLOYER ADDRESS: _____
(Number/Street/Apt/City/State/Zip Code)

EDUCATIONAL BACKGROUND:

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4
(Check one)

ORGANIZATIONS/MEMBERSHIPS: _____

OTHER THAN A SUMMARY OFFENSE, HAVE YOU EVER BEEN ARRESTED AND/OR CONVICTED OF A CRIME? IF YES, PLEASE LIST DATE, TYPE OF OFFENSE, AND COURT DISPOSITION:

I certify that all statements made on this application are true and correct to the best of my knowledge. I authorize any individual, company or organization to release any information concerning statements made by me on this application; and I do hereby release all parties and individuals connected therewith from all liabilities for any damages whatsoever incurred in furnishing such information. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Citizens Police Academy. My signature below acknowledges my understanding and agreement with the material provided.

SIGNATURE: _____ DATE: _____



CITIZENS POLICE ACADEMY AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations, all civilian and government entities, military agencies, law enforcement agencies, private, city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed as a participant of the Citizens Police Academy. This includes, but is not limited to; all information related to my character, integrity, reputation, conduct and behavior. This document authorizes the release of information to the Municipality of Penn Hills Police Department.

This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. I DO HEREBY RELEASE from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant: _____

Date: _____

Signature of Witness: _____

Date: _____

Please return all Citizens Police Academy forms to:

**Penn Hills Police Department
Citizens Police Academy
102 Duff Road
Pittsburgh, Pennsylvania 15235
ATTN: Acting Chief Jason Bonace**



LIABILITY WAIVER FORM

To the best of my knowledge, I am in good physical condition and fully able to participate in this course. I am fully aware of the potential risks and hazards connected with the participation in this program, including physical injury or even death, and hereby elect to voluntarily participate in said program, knowing that the associated physical activity may be hazardous to me and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, that may be sustained by me, or loss or damage to property owned by me, as a result of participation in this course.

I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE, the **Municipality of Monroeville, Monroeville Police Department, Monroeville Public Safety Training Center, Municipality of Penn Hills and the Penn Hills Police Department**, including the elected officials, the officers, servants, agents and employees (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in physical activity, or while on or upon the premises where the program is being conducted.

It is my expressed intent that this release and hold harmless agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, or shall be deemed as a RELEASE, WAIVER, DISCHARGE and CONVENTION TO SUE the above named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be constructed in accordance with the laws of the Commonwealth of Pennsylvania.

In signing this release, I acknowledge and represent that I HAVE READ THE FOREGOING Waiver of Release and Hold Harmless Agreement, UNDERSTAND IT AND SIGN IT VOLUNTARILY as my own free act and deed; and that no oral representations, statements or inducements, apart from the foregoing written agreements have been made; and I EXECUTE THIS RELEASE FOR FULL, ADEQUATE AND COMPLETE CONSIDERATION FULLY INTENDING TO BE BOUND BY SAME.

Signature: _____ Print Name:

Date: _____ Event:

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Pittsburgh, Pennsylvania 15235
ATTN: Acting Chief Jason Bonace**