



BUCKLEY POLICE DEPARTMENT

Citizen's Police Academy Application

APPLICANT INFORMATION

Last name		First name		Middle initial	Date of birth
Physical address			City	State	Zip
Mailing address			City	State	Zip
Driver's license #		State	List any other names used		
Cell phone number	Home phone #		Email address		
Employer		Position/ title		Employer contact #	
Employer address			City	State	Zip

REFERENCES

Name	Phone number	Address	Relationship
Name	Phone number	Address	Relationship

Have you applied for this Academy in the past?
No ☐ **Yes** ☐ if so, when?

If you are currently active with any neighborhood, community, or civic organization, please list below:

Why do you want to attend the Citizen's Academy?

CRIMINAL HISTORY

Have you ever been arrested and/ or convicted of a crime other than a traffic infraction? If **"Yes"**, explain below
No ☐ **Yes** ☐

If you have been arrested and/ or convicted of any felony and/ or misdemeanor crime, please list below the crime, date, and location of the occurrence:

I understand the importance of my commitment to attend all classes of the Citizen's Police Academy. I understand and accept that to continue and graduate from the Citizen's Police Academy, I need to have full participation. I acknowledge that the

Buckley Police Department reserves the right to rescind my enrollment at any time during the academy. I understand that I must notify the Academy TAC Officer if I am contacted by any law enforcement officer for any reason during this academy.

Applicant signature: _____ Date: _____

BACKGROUND RELEASE/ PARTICIPATION WAIVER

This document constitutes consent, release/agreement of indemnification, and permission to conduct a background check entered on the date provided below and signed by the applicant.

As an applicant in the City of Buckley Police "Citizen's Police Academy", I hereby authorize the Buckley Police Department to conduct a criminal history background investigation.

I understand that all available police and criminal records will be checked by this department and will be used to determine my eligibility for the Citizen's Police Academy. All information will remain confidential to the extent required and/or authorized by the Washington and Federal statutes.

Release Form

The undersigned, in consideration of the privilege of being a participant in the Citizen's Police 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 the participation of the Citizen's Police Academy.

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

The undersigned hereby agrees to indemnify, defend, and hold harmless the City of Buckley, its officers, agents, and employees from any claims, losses, damages, causes of action, 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.

The City of Buckley does not provide participants in the Citizen's Police Academy with any type of health insurance. The emergency vehicle operations training in this academy does not guarantee or certify proficiency in the use of any motor vehicle.

Applicant (signature): _____ Date: _____

PHOTO DISPLAY/ MODEL RELEASE

I grant the City of Buckley the right to print, publish, broadcast, and/or televise any or all photographic or video images of myself taken by the City of Buckley, or its designated agent, for use in commercial advertising, public service announcements, displays, publications, and public relations efforts. I further release the City of Buckley of any future claims and rights to these images.

Applicant (signature): _____ Date: _____

Return completed application to:

Buckley Police Department

Mailing address: PO Box 640, Buckley, Washington 98321

Physical address: 146 S Cedar Street, Buckley, Washington, 98321

Phone number: 360-829-3157

You will be advised of your application status.

BUCKLEY POLICE USE ONLY:

☐ DOL Date: _____ Checked by: _____

☐ DSHS Date: _____ Checked by: _____

☐ WATCH Date: _____ Checked by: _____

Accepted: ☐ Yes ☐ No/ Reason _____

Date notified: _____ via ☐ E-mail ☐ Letter ☐ Phone by whom: _____
