Avon Police Department
Citizen Police Academy

Application

PLEASE TYPE OR PRINT

PERSONAL INFORMATION

Name:_____

DOB:_____ Driver's License #/State: _____

Address: _____

Home Phone:_____ Mobile Phone:_____

Email Address: _____ Shirt Size: S M L XL XXL XXXL

Emergency Contact: _____ Phone: _____

Employer:_____ Occupation:_____

Employer Address:_____

Employer Phone:_____ Supervisor:_____

REFERENCES

Reference Name (Other than a relative): _____

Address:_____ Phone:_____

Reference Name (Other than a relative): _____

Address:_____ Phone:_____

PERSONAL HISTORY

Please describe your education and any training you've had that may be related to law enforcement:

_____
_____
_____

List any community group affiliations or civic organizations you are associated with:

_____
_____
_____

Why do you want to participate in the Academy?:

_____
_____
_____

Describe what you feel is the job of a Police Officer:

_____
_____
_____

CRIMINAL HISTORY

Have you ever been arrested for, charged with or convicted of a crime? YES NO
If YES, please explain briefly (Include Date and Location):

_____
_____
_____
_____

Have you had any other contact/experience with the police, positive or negative? YES NO
If YES, please explain briefly:

_____
_____
_____
_____

Application Waiver

I attest that the above information is accurate and complete to the best of my knowledge. I understand that any omissions or false statements in the foregoing application will be sufficient grounds for rejection of the application and removal from the process. I further understand that any omissions or false statements constitute grounds for removal from the Citizen Police Academy.

I understand that the information contained in this application is public record and may be released upon request. I also understand that I may be videotaped or photographed by the Avon Police Department during the course of the Academy. These images may be used by the Avon Police Department in promotional literature or online or may be provided to the media upon request.

Signature: _____ Date: _____

DEPARTMENT USE ONLY

Date Received: _____ Date Assigned: _____ Date Completed: _____

Record/Background Check Completed By: _____

Accepted: YES NO

If NO, reason: _____

_____

Notified By: _____

How: _____ Date: _____

Avon Police Department
Citizen Police Academy

Waiver of Liability

In consideration of being permitted to participate in the Citizen Police Academy including but not limited to using City of Avon owned equipment as directed, riding in vehicles owned by the City of Avon and operated by its employees and accompanying employees of the Avon Police Department on calls for service, I hereby waive and release the City of Avon, its agents, employees, personnel, representatives and assigns from any and all liability, claims, demands, and causes of action for all damages resulting to myself or my property, or my death, arising out of or related to any happening or occurrence while I am participating in the Academy. I further agree to indemnify the City of Avon, it agents, employees, personnel, representatives and assigns and save each of them harmless against any and all (compensation) claims which may be made or brought against them as a consequence of the said activity.

The terms hereof shall be in full force and effect during the entire period of my participation in the Avon Police Department Citizen Police Academy program for which I am enrolled.

Print Name: _____

Signature: _____ Date: _____

Avon Police Department
Citizen Police Academy

Authorization for Release of Information

I, _____ do hereby authorize a review of and full disclosure of all records concerning myself to any authorized agent of the City of Avon Police Department.

The intent of this authorization is to give my consent for full and complete disclosure of any and all records concerning any criminal activity. This may include, but is not limited to, criminal histories, driving records, traffic accidents, arrest reports, offense/incident reports or any official document.

I understand that any information obtained by a background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for attendance to the Citizen Police Academy. I certify that any person(s) who may furnish such information concerning me shall not be held accountable for giving this information; and I hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

A photocopy of this release form will be valid as an original thereof; even though said photocopy does not contain an original writing of my signature.

Signature: _____ Date: _____

Please send completed application to:

Avon Police Department
Attn: Citizen Police Academy
36145 Detroit Road
Avon, OH 44011

Or fax to: 440-934-4054

Or email to: Johnson@avonpd.com