

APPLICATION FOR  
\*\*\*\*\*BCFH-9FB'5F-NCB5' @ K '9B: CF79A9BH! CITIZEN'S POLICE ACADEMY

Flagstaff Police Dept.  
Kevin Treadway, Chief

Coconino County Sheriff's Office  
Jim Driscoll, Sheriff

Arizona Dept. of Public Safety  
Frank Milstead, Director

Northern Arizona University Police Dept.  
Kelli Smith, Chief

**ENTRANCE REQUIREMENTS:**

Applicant must be at least 18 years old or 16 years accompanied by a parent / guardian.  
Applicant must have no prior felony arrests or convictions.  
Applicant must have no misdemeanor arrests or convictions within the last 12 months.

1. Full Name: \_\_\_\_\_  
Last First Middle  
**(As it appears on driver's license)**

2. Maiden name or alias: \_\_\_\_\_ Gender: \_\_\_\_\_

3. Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Address: \_\_\_\_\_  
Street - Apt. # City State Zip Code

5. Previous addresses: (list all previous addresses for last 5 years, including dates. Use separate sheet if necessary)

\_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_  
\_\_\_\_\_ Dates: \_\_\_\_\_ to \_\_\_\_\_

6. Other states you have lived in: \_\_\_\_\_

7. Phone - Home: \_\_\_\_\_ Office: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

8. Driver's License: No. & State: \_\_\_\_\_ Class: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Is this license currently valid: Yes: \_\_\_\_\_ No: \_\_\_\_\_

9. Have you ever been arrested or convicted of any felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If YES explain where, when and disposition: \_\_\_\_\_

10. Place of Employment: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Duties Performed: \_\_\_\_\_

I certify that all statements made on this application are true and complete. I authorize any individual, company, organization or institution to release any and all available information relating to me or 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 from attending the Citizen's Academy Training. My signature below acknowledges my understanding and agreement with material provided.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Privacy Act Notice: This application form for the Citizen Police Academy requests your social security number. Disclosing your social security number on these forms is voluntary, however we retain the right to reject an applicant if we are unable to obtain an adequate background check. The request is made pursuant to our practice of requiring program participants to undergo a criminal history record check and using their social security numbers along with other identifying information to conduct criminal history record checks on them. This information is necessary for us to obtain accurate criminal history record information and will be used only for that purpose. Signing above indicates that you have read and understand that your social security number will be used by us to obtain access to your criminal history record information

## WAIVER AND RELEASE

I, \_\_\_\_\_ in return for the opportunity to participate in the CITIZENS' ACADEMY, hereby release and acquit Coconino County, the Coconino County Sheriff's Office and their employees, the Flagstaff Police Department and the City of Flagstaff, an Arizona municipal corporation, the state of Arizona, and the Arizona Department of Public Safety, and any of its servants, employees, agents or volunteers from any and all liability claims, causes of action, claims or demands, including but not limited to a claim for death, which I may hereafter have because of my injury, death or damage to person or property while participating in activities of the CITIZEN'S ACADEMY, such activities, some of which may be inherently dangerous, may include but are not limited to search and rescue, field trips, including visits to detention and correctional facilities, traffic enforcement, DUI enforcement, investigation of crimes and introduction to and use of tools used by law enforcement.

I understand that participating in the CITIZEN'S ACADEMY activities contains danger and risk of injury or death, and that I am under no obligation to participate in any particular activity. By participating in the CITIZEN'S ACADEMY and in a particular activity, I understand that I am voluntarily choosing to accept any and all risks which may arise from my participation in the CITIZEN'S ACADEMY and the particular activities.

This waiver, release and discharge includes all claims arising from and by reason of any and all known and unknown, foreseen or unforeseen, bodily and personal injuries or death, or damage to property which may be sustained by me or any and all other persons, associations or corporations, whether named or not, arising out of my participation in the CITIZEN'S ACADEMY.

I grant this waiver and release voluntarily.

The Undersigned hereby releases, waives, discharges and covenants not to sue Coconino County, the Coconino County Sheriff's Office and their employees, the Flagstaff Police Department and the City of Flagstaff, an Arizona municipal corporation, and any of its servants, employees, agents or volunteers for all loss or damage on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of releasees or otherwise, while the undersigned is participating in the CITIZEN'S ACADEMY.

The undersigned expressly acknowledges that the activities of the event may be very dangerous and involve the risk of serious injury and/or death and/or property damage. The undersigned expressly acknowledges that injuries received may be compounded or increased by negligent rescue operations or procedures of the releasees.

### PLEASE READ CAREFULLY BEFORE SIGNING

I, /s/ \_\_\_\_\_ have read this Release and Waiver and understand its terms, acknowledge the danger and risk associated with these activities, and accept the terms of the Release and Waiver and voluntarily assume the risk of participating. (I understand that typing my name constitutes a legal signature