

# PITTSBURG POLICE DEPARTMENT CITIZENS ACADEMY APPLICATION

THIS BOX FOR DEPARTMENTAL USE ONLY

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

Please complete all sections of this form. The information is necessary for protection of the officers, as well as for your own safety. The information you provide will not necessarily exempt you from the Citizens Academy.

## PLEASE PRINT CLEARLY

\_\_\_\_\_  
LAST NAME                      FIRST NAME                      MIDDLE NAME                      OTHER NAMES USED

\_\_\_\_\_  
DRIVER'S LICENSE # OR ID #                      DATE OF BIRTH                      TELEPHONE NUMBER

\_\_\_\_\_  
STREET ADDRESS                      CITY                      ZIP CODE

\_\_\_\_\_  
EMAIL ADDRESS

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?  
 NO     MISDEMEANOR     FELONY  
If YES, please explain: \_\_\_\_\_

ARE YOU ON PROBATION OR PAROLE?  
 NO     PROBATION     PAROLE  
If YES, who is your P.O.? \_\_\_\_\_

HAVE YOU EVER BEEN ARRESTED FOR A CRIME INVOLVING ALCOHOL, DRUGS, OR WEAPONS?  
 YES     NO  
If YES, please explain: \_\_\_\_\_

BRIEFLY STATE YOUR REASON FOR WANTING TO PARTICIPATE IN OUR CITIZENS ACADEMY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ASSUMPTION OF RISK, RELEASE, AND WAIVER OF LIABILITY

I , hereby acknowledge that I have voluntarily applied to participate in the Pittsburg Police Department Citizens Academy, and that I may accompany member(s) of the Department during the performance of their official duties.

As a participant in the Citizens Academy you may have access to confidential records, Department of Motor Vehicle records, or other criminal justice information, much of which is controlled by statute. Misuse of such information may adversely affect an individual's civil rights and violated the law and/or California Law Enforcement Telecommunications System (CLETS) policy. Any person who knowingly furnishes information to a person not authorized by law to receive the information is guilty of a misdemeanor. Violations of the law may result in criminal and/or civil action. **I have read and understand the policy regarding misuse of all CLETS accessible information.** \_\_\_\_\_(Please initial)

I AM AWARE THAT THE DUTIES OF THE POLICE DEPARTMENT ARE INHERENTLY DANGEROUS, INVOLVING RISK OF BODILY INJURY, DEATH, OR DAMAGE OR LOSS TO PROPERTY. I AM VOLUNTARILY PARTICIPATING IN THESE DUTIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND I HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF BODILY INJURY, DEATH, AND DAMAGE OR LOSS TO PROPERTY. \_\_\_\_\_(Please initial)

In return for the opportunity to participate in the Citizens Academy, I agree that neither I nor my heirs, guardians, legal representatives, or assigns will make a claim against nor sue the City of Pittsburg, its officers or employees ("City") for injury or damage resulting from the negligence or other acts, however caused, by the City as a result of my participation in the Citizens Academy program \_\_\_\_\_(Please initial)

**As part of the academy program you will be participating in Citizen Observer Program. If permission is given to accompany a member of the Pittsburg Police Department on patrol, I agree to abide by all the required rules and regulations, including instructions from the Police Officer on patrol.**

**I HAVE CAREFULLY READ THIS AGREEMENT, AND I UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND THE CITY, AND I SIGN IT OF MY OWN FREE WILL.**

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## FOR DEPARTMENTAL USE ONLY

NCIC/CLETS/DMV/PROBATION/PAROLE CHECK BY: \_\_\_\_\_ CLEAR  YES  NO

DMV CHECK BY: \_\_\_\_\_ CLEAR  YES  NO

RMS CHECK BY: \_\_\_\_\_ CLEAR  YES  NO

CHIEF OF POLICE (or designate): \_\_\_\_\_  APPROVED  DENIED