

REDMOND POLICE DEPARTMENT
Community Police Academy Application

APPLICANT INFORMATION

(Legal) Last:	First:	Middle:
Date of Birth:	Phone:	
Other names used:		
Email Address:		
Address:		
City:	State:	Zip:
Current employer:		
Driver's License #:	Driver's License State:	
Concealed Pistol License: Yes <input type="checkbox"/> No <input type="checkbox"/>		

EMERGENCY CONTACT

Name:
Phone:
Relationship:

CRIMINAL HISTORY

Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain:

INTEREST

Why do you want to attend the Community Police Academy?

PHOTO RELEASE

During your participation in the Redmond Police Community Police Academy, photographs may be taken to document activities and events and may be used for the Redmond Police Department for community outreach and public affairs purposes. By checking yes, you agree to release and authorize any photographs, as described above, to be used by the Redmond Police Department.
YES <input type="checkbox"/> NO <input type="checkbox"/>

RELEASE, WAIVER, AND HOLD HARMLESS AGREEMENT

The undersigned desires to observe the operation of the Redmond Police Department and, therefore, is applying for attendance in its Community Police Academy. I understand that acceptance into the Academy is contingent upon successful completion of a criminal history check.
For and in consideration of my participation in the Redmond Police Department Community Police Academy, I hereby release from liability for any injuries or damage I may sustain, and I agree to save, defend, indemnify, and hold harmless the City of Redmond, the Redmond Police Department, its officers, employees, volunteers, and agents from any and all claims, real or imaginary, which may be filed against them or any act of omission of the undersigned during the Academy. This release, waiver, and hold harmless agreement applies to and is binding upon the undersigned and his/her heirs, successors, and assigns.
I further understand that the Redmond Police Department will be conducting a criminal history records check, including local, State and Federal databases. I give my full permission for such criminal history check to be conducted.

Signature of applicant:	Date:
Printed Name of Applicant:	

Please return or mail application (no photocopies) to:
Redmond Police Department
c/o Crime Prevention
8701 160th AVE NE/P.O. Box 97010
Redmond, WA 98052/ 98073-9710

Official Use:
Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>
By:
Date: